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Michigan Vol. 96, No. 1

Award-Winning Journal of the Michigan State Medical Society

# Michigan moves toward better



Pain



Management

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Award-Winning Journal of the Michigan State Medical Society

# MichiganMedicine

## COVER STORY



# Michigan Moves Toward Better Pain Management

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Physicians around the state advocate improved pain management as a means of treating intractable pain. A number of physicians and legislators note that many areas need improvement, however, for patients to fully benefit. In these pages, Michigan Medicine examines physicians' roles in relieving pain, health professionals' concerns about regulating pain and how state legislators are influencing the arena.

By Cathy L. DeShano

On the Cover: (Clockwise from left) Karen Ogle, MD, discusses grief and bereavement with third-year Michigan State University medical students; Social worker Pamela Hurst greets Percia Claybrook, a Hospice patient who lives in a Detroit nursing home; Representative Gerald Law, R-Plymouth, former Representative John Jamian, R-Bloomfield Hills, and Representative Penny Crissman, R-Rochester address questions on 1996 pain management legislation. Photos by Michael Schimpf, Thomas Treuter, and Pattrick Yockey.

# **Quality Pain Care Key to Treating Patients**

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Pending before the state legislature is a set of bills to establish and regulate pain management as a fundamental component of medical care. Health officials believe this legislation is vital to ensure humane and cost-effective pain care.

By Karen Bouffard

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Representative Penny Crissman, R-Rochester, knows what it's like to live with pain and the measures needed to relieve it.

By Jean K. Capriotti

# AMA, MSMS take proactive stance

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Organized medicine supports improved pain management education to reduce the number of requests for aid in dying.

By David K. Fox

# Physicians play key role in Hospice

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Since the 1960s, Hospice has offered the terminally ill physical, spiritual and psychological support. Discover why Michigan physicians have focused their efforts on working with these patients.

By Cathy L. DeShano



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MSMS Internet E-mail Address: http://www.msms.org/

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By Jeffrey Jones, MD

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# LETTERS



# Former Representative Jamian Retires

As State Representative, but also as chair of the House Health Policy Committee, I wanted to take the opportunity to thank you for your support. As you probably now are aware, I decided not to run for reelection in November. One of my initial campaign promises was that I would not serve in the House more than six years. While the rewarding and enriching experiences I have gained in Lansing are immeasurable, my credibility and dedication to supporters like yourself are far more valuable.

Your input and involvement with my office and the Health Policy Committee has catapulted the issues of physician rights and needs to the top of many legislative agendas in Lansing. Although the battle is not over, we have made major strides in ensuring that Michigan's physicians have adequate protections and autonomy when practicing medicine.

Together, we have been able to transform the voice of the medical community from one of dormancy to that of an active player on the political scene. Doctors have finally received their wake-up call and are becoming proactive, making my job easier when it comes to legislating patient and physician protections. The Patient Bill of Rights, which I authored, will serve to reverse some of the negatives being doled upon the medical community.

I am fortunate to have been afforded the opportunity to work closely not only with the medical societies, but individual physicians like yourself. This is a relationship I highly value and look forward to continuing after I leave the House in December, whether it be in the capacity of another elected office or private pursuits. I will remain a member of the team, involved and committed to achieving the goals we have strived for these past five and a half years.

Even though my term does not end until December 31, 1996, I wanted to let you know that it has been the utmost pleasure serving your needs as a State Representative in the Michigan legislature and it is my hope that I will again have the privilege of your support in my future endeavors. Please do not hesitate to contact my office if I may be of any assistance to you.

### John Jamian

Former, Chair, Health Policy Committee Michigan House of Representatives

# Cardiovascular Health Resource Center offers physicians information

The Resource Center for Cardiovascular Health, Michigan Public Health Institute provides educational materials related to cardiovascular health to help physicians educate their patients. Our Directory of Resources on Cardiovascular Health provides a useful list of these mate-

rials, which physicians may borrow. We also publish a newsletter, "Cardiovascular Health Notes," which we would be glad to send to interested physicians. We would appreciate if you could help inform physicians, especially cardiologists, family physicians and internal medicine physicians, of these resources. If doctors would like further information, they may contact me at (517) 347-2255 or Michigan Public Health Institute, 2469 Woodlake Circle, Suite 240, Okemos, MI 48864.

Charlotte Pratt, PhD

# NIAID releases new booklet

The National Institute of Allergy and Infectious Diseases (NIAID) has recently published Chronic Fatigue Syndrome: Information for Physicians to increase understanding about chronic fatigue syndrome (CFS). We hope you will announce the availability of this publication to your members, staff or constituents. The booklet provides a primer on evaluating and managing patients as well as an overview of the history, epidemiology and etiology of CFS. The publication can be downloaded or ordered online from the NIAID Web site at htt://www.niaid.nih.gov.

### Philip R. Lee, MD

Assistant Secretary for Health Department of Health and Human Services

# John R. LaMontagne, PhD

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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

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# Question:

# What would you most like to accomplish in the New Year?

I, like many physicians, feel the frustration of dealing with all of the changes in the medical care environment. I hope we can, through MSMS, provide the resources and encourage-

ment to help physicians regain control of their profession. Physicians are the ones best qualified to make medical decisions and "manage" care. We need to begin to take charge.

Kenneth H. Musson, MD Ophthalmology, Traverse City

Recapture the profession of medicine from the entrepreneurial health care robber barons who have co-opted it in for profit systems.

Elliot D. Luby, MD Psychiatry, Bloomfield Hills

Encourage more physician involvement in setting the course for long term care of the frail elderly in Michigan, especially for those residing in nursing facilities. Physicians have been reluctant to become involved in the regulatory arena of nursing facility care, and our patients have suffered because of the lack of involvement in developing goals.

# Larry Lawhorne, MD

Family Practice/Geriatric Family Practice, Alma

Immunizations (for hepatitis, especially) of senior citizens—chiefly care-givers and health workers.

Frederick Fitzpatrick, MD

Pediatrics, Detroit

I would most like to continue my practice of psychiatry in the same manner that has brought me success and happiness for almost 50 years. Major changes in recent years have made dif-

ficulties for many physicians of my vintage. Thankfully, these changes have had a minimal effect on me so far.

Max L. Gardner, MD Psychiatry, Grosse Pte.

I didn't think much about it, the year goes on so fast that it has been hard to look, but I wish to spend more time with my family, slow down enough to participate in my children's life.

Alfonso C. Ferreira, MD Internal Medicine, Caro

Continue with our work here in treating addiction and work on personal self-improvement—music, computers and physical conditioning.

Thomas Haynes, MD

Addiction Medicine, Grand Rapids

Computers and software are my favorite hobbies. Two projects I'm planning to work on are 1) spending more time getting familiar with the Internet; and 2) trying out "Dragon Dictate," software that uses voice recognition to allow you to dictate to your computer. You can't be a good doctor today without connnections!

Michael Zarr, MD

Psychiatry, Grand Blanc



Marcy L. Street, MD East Lansing



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# Sexual Harassment

Work environment policies demand attention

By Richard D. Weber, MSMS Legal Counsel

Q: Sexual harassment in the workplace has become a major problem in our country and I understand has become a major cause of litigation. As practicing physicians and active members of MSMS, I assume we should be sensitive to this problem. What is sexual harassment and what is the basis upon which legal claims are asserted?

A: You are correct that sexual harassment has become a major problem in the workplace and a primary basis for litigation. You also are correct in assuming that physicians, either in their separate practice or as members of MSMS, are subject to the sexual harassment laws.

Sexual harassment has been defined in many ways. A good definition is found in the EEOC Guidelines which include sexual harassment as a form of sex discrimination prohibited by federal law:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature...when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for

employment decisions affecting such individual, or (3) such conduct has the purpose of interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

### Quid Pro Quo

Sexual harassment is based upon two separate legal theories. The first legal theory can be described as quid pro quo. This is based upon the proposed exchange of job benefits for sexual favors. Employee benefits are made contingent upon sexual cooperation and force the employee to choose between suffering an economic detriment and submitting to sexual demands. Such sexual harassment can be committed only by a supervisor or some person in a superior position in the employer's hierarchy who has the authority to affect the economic benefits of the employee. This could be a physician in private practice or an MSMS member who has an authoritative position on a board or committee. The victim can be female or male and could even extend to others who are not involved in the quid pro quo transaction but were denied emplovee benefits as a result. An employer, including MSMS or a component or specialty medical society, could conceivably be liable for guid pro quo sexual harassment by superiors regardless of whether the specific acts complained of were authorized or specifically forbidden by the employer and regardless of whether the employer knew or should have known of their occurrence.

### **Hostile Environment**

The second legal theory upon which sexual harassment claims are based is described as a hostile work environment. This involves sex-related conduct that has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment. Multiple factors may affect the determination as to whether a working environment is hostile. The workplace can be rendered hostile not only by persons in a supervisory or superior position, but also by the conduct of co-workers and even by the conduct of non-employees such as customers, vendors or members of an organization such as MSMS.

Again, the victim may be a coworker who is affected by conduct directed toward another, since the sexual harassment of one employee may create intimidating or hostile working conditions for others. The employer or association may be liable for a hostile working environ

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Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, send them to Judy Marr, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950, or fax them to (517) 337-2490 or E-mail them to jmarr@msms.org.



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# MSMSNET links to medical sites

Physicians' gateway to the information highway

by Claudia Skutar

So you want to surf the Net. You've heard there are vast amounts of medical information to be had at the touch of a few computer keys, and you'd like to get to it through your office or home computer. But do you know how to find it? While the Internet is a wonderful tool, acting as an electronic library to provide unlimited amounts of information, just as with a paper library, you must still identify and search for what you need. The electronic advantage is, of course, that you don't have to leave your desk to do it.

MSMS has a tool to make your electronic search easier and faster-MSMSNET at http://www.msms .org/. This MSMS Internet site functions as a gateway to the information highway. In addition to presenting information about the society's activities and services for Michigan doctors, MSMSNET contains preselected links to medical sites around the world. Under the Resources button on the MSMSNET home page, there are links to medical journals and abstracts, consumer health newsletters, online CME education, medical libraries, university medical schools, hospitals, and medical centers, to name a few. These links will, in turn, connect you to many, many other medical sites on the Internet.

To help you get started in your search for medical information, following are some sites linked to MSMSNET which are well worth exploring. And if, in your Internet travels, you discover medical sites which you think would be good links for other doctors via MSMSNET, let us know (see the information below this column on who to contact).

# Clinical Information

If you need to find information specific to a particular disease or clinical topic, try searching medical and health libraries on the Internet. Under the MSMSNET Resources button, click on Medical Libraries to find a link titled Medical/Health Sciences Libraries on the Web. This will take you to an alphabetical list of national and international libraries.

And, also under the MSMSNET Resources button, you'll find a category called Journals, Newsletters and Pamphlets. This contains a link titled MedWeb: Electronic Newsletters and Journals. Click here to find a comprehensive alphabetized list of national and international medical publications.

### Medical Education

If you'd like to learn more about CME on line, explore the University of Texas Houston Medical School site called MEdIC. Accredited by the Accreditation Council for Continuing Medical Education (ACCME), education and testing at this site via lectures, images, graphics, sound, and video may provide Category 1 CME credit to registered users.

Details about the program can be found under the MSMSNET Resources button by clicking on Medical Education Resources, and then clicking on Medical Education Information Center—this will take you to MEdIC. Email links are provided to contacts who can answer your specific questions.

### Case Studies

The University of Colorado Medical Rounds site contains a compilation of medical cases submitted by doctors around the world. An interactive software program allows any doctor to enter and moderate a case—no programming knowledge is necessary. Although the site doesn't receive a lot of traffic, there are several cases worth reviewing, complete with xrays, lab test results, photographs of slides and discussion groups where physician dialogue about each case transpires. Find it by clicking Medical Education Resources under the MSMSNET Resources button. Then go to and click on the link, University of Colorado Medical Rounds.

Surfing the Internet is a monthly feature of Michigan Medicine. If you have questions regarding MSMSNET content and/or links, contact Editor of Electronic Communications Claudia Skutar at cskutar(a msms.org, or at 517-336-5748. For technical questions about MSMSNET or Voyager Information Services, contact William R. DeCourcy at MSMS at blecourcy (a msms.org or at 517-336-7601.

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# A rich medical heritage

Calhoun County physicians have shaped local health care

# By Jeffrey M. Jones, MD

alhoun County formed one of the earliest medical societies in the state and in the 1920s, was home of one of the largest and most well known health institutions in the world—the Battle Creek Sanitarium.

In today's era of rapidly changing health care systems, Calhoun County took an early step when it joined several of its institutions in 1988 to form Battle Creek Health System, a venture culminating with the building of a new hospital facility to be completed by 1999. At the center of these changes are men and women of the Calhoun County Medical Society. This article traces the rich heritage of the emerging Battle Creek Health System, and the contributions of some Calhoun County Medical Society members to the state.

# **Battle Creek—The Health City**

Today's Battle Creek Adventist Hospital is the site of one of the city's most well-known former hospitals—the Battle Creek Sanitarium.

Jeffrey M. Jones, MD, MSMS board member and a medical history enthusiast currently compiling a book about Michigan Medicine, developed this article about highlights of Calhoun County medicine. He invites other county societies to help compile updated Michigan medical history. If your society has a recently developed history of medicine, please send a copy to Doctor Jones at Neurology of Battle Creek, 1018 North Ave., Battle Creek, 49017.

In 1863, Adventist Prophetess Ellen White began having visions relating to diet reform. By 1865, she and her ailing husband visited a health spa in New York. They were impressed with the program, and on their way home, Ellen had the vision which led to the founding of the Western Health Reform Institute in Battle Creek. The hospital didn't open until 1866 when John Preston Kellogg pledged \$500, more than two years' wages for him. His motivation for making such a large contribution probably stemmed from the loss of his daughter and first

wife, both treated in traditional manners.

Several years later, the Institute lent John Harvey Kellogg, son of John Preston, money to attend medical school so he could return to the Institute as a physician. Doctor Kellogg came home in 1875, became medical superintendent in 1876 and the following year changed the name to Battle Creek Medi-

cal and Surgical Sanitarium (instead of Sanitorium), "a place where people learn to stay well."

In 1878, the new Battle Creek Sanitarium opened. After two additions, the whole complex burned down in 1902.

Doctor Kellogg dedicated the new Battle Creek Sanitarium in 1903. In 1914, he purchased a nearby large fieldstone building and called it the Annex.

By 1928, after many changes, the San had reached its height in reputation and the number of patients served—a possible 1500.

The Sanitarium went into receivership in 1933, a result of the stock market crash of 1929, and reorganized in 1938 under the National Bankruptcy Act. In 1942, the US Government bought the building and converted it to the Percy Jones Army Hospital. Doctor Kellogg then moved to the Annex down the street where he died in 1943. Percy Jones Hospital closed in 1953, and in 1954, the complex became the Battle Creek Federal Center, still active today.

In 1957, the Battle Creek Sanitarium went into receivership again and became a member of the association of privately owned Seventh Day Adventist Services and Industries.

In 1971, patients moved next door into the new Jeffrey Building, and in 1972, it became an acute care hospital with 123 beds. In 1974, the Battle Creek Sanitarium Hospital came under direct ownership of the church and was renamed the Battle Creek Adventist Hospital. In the early 1980s, the hospital changed from a general hospital to that of the region's only specialty mental health care facility. In 1994, it became part of Battle Creek Health System.



Now known as the Federal Center, this picture of the Battle Creek Sanitaruim was taken after the twin towers were added in 1926.

# Past Presidents of MSMS from Calhoun County

Many fine physicians played important roles in developing medical care in Calhoun County. While focusing on a few risks doing other valuable contributors an injustice, we have limited our overview to seven physicians who were not only strong county participants, but also served the state as presidents of the Michigan State Medical Society.

### Edward Cox, MD

Doctor Cox was one of Battle Creek's earliest physicians, joining Doctor William M. Campbell (who was the first physician) in 1839. He was very active in civic and cultural affairs, serving as village president and as city alderman. He was president of MSMS in 1878 and died in 1882 at age 66.

### Simeon Starkweather French, MD

Doctor Simeon Starkweather French was a pioneer physician who married Ruth A. Cox, a sister of Doctor Edward Cox, in 1847. He served as a Civil War surgeon and as mayor of Battle Creek. Doctor French became president of MSMS in 1888 and died in 1910 at age 94.

Doctors Cox and French were not only brothers-in-law, but shared a common interest in improving medical care. An excerpt from a newspaper article from The Michigan Tribune, March 6, 1880 offers insight about the level of medicine during their time:

Doctor Crosby, of Albion read letters from physicians in various parts of the country, which showed a general prevalence of influenza. The cause of this, as set forth by Doctor Baker, of Lansing, was an excess of ozone in the atmosphere.

Doctor French, health officer of this city, stated that the amount of ozone is measured on a scale of ten, which number indicates the maximum amount. From Doctor French's report, it appeared that the ozone had reached the height of nine, on the scale, just previous to the breaking out of this epidemic. On this basis, Doctor Baker predicted the extensive epidemic of influenza which has so recently swept the whole country. Here is a remarkable instance of the triumph of science.

# Austin W. Alvord, MD and Arthur H. Kimball, MD

Doctor Austin W. Alvord came to Battle Creek in the 1880s, about the same time as Doctor Arthur H. Kimball whose son and grandson played an important part in the development of the Kimball Sanitarium. Doctor Alvord graduated from University of Michigan in 1868, had extensive experience in the Civil War, and a long practice in Battle Creek. He was a member of the first Board of Registration in Medicine in Michigan and became president of MSMS in 1899. He died in 1913 at age 72.

Both Doctors Alvord and Kimball were "good prescribers and competent practitioners and of strong personal character," qualities leading to conflicts such as the following noted by Doctor Wilfred Haughey:

One reported the cure of 30 successive cases by the administration of one grain of sulphate quinine every hour for 20 hours and asked, "What does the gentleman think of that?" Quick as a thought, the reply came back, "I do not know what to think, it having occurred in the gentleman's practice, but had it occurred in

In 1863, Adventist **Prophetess** Ellen White began having visions relating to diet reform ... which led to the founding of the Western Health Reform Institute in Battle Creek. my own practice, I should have thought that I had made 30 mistakes in diagnosis."

Ray C. Stone, MD and W.S. Shipp, MD

Doctor Ray C. Stone came to Battle Creek with his parents at the age of 14. He trained at Detroit Medical School, and, when the country entered World War I, he served with Doctor W.S. Shipp on the draft board. In 1925, a crazed ex-soldier called Doctor Stone's office several times. Doctor Stone was absent, and the man continued to Doctor Shipp's office where he shot Doctor Shipp point-blank in the abdomen, killing him instantly. The crazy man then plunged through the office window in the Post block to the walk below, taking his own life. Doctor Stone was president of MSMS in 1930. In 1932, at age 52, his dead body was discovered in a lonely wood southeast of St. Mary's Lake. The official explanation of his death by a shotgun blast was an accident, but most people believed he had committed suicide because of financial problems. Those romantically inclined wondered if a relation of the man who shot Doctor Shipp returned to take revenge on Doctor Stone.

Wilfred Haughey, MD

Oldest child of Doctor William Haughey, who practiced in Battle Creek for more than 50 years, Doctor Wilfred Haughey practiced ENT medicine and, in World War I, served in the Army Medical Corps. He was secretary of MSMS from 1910 to 1913, wrote the chapter on Calhoun County in Medical History of Michigan, and was editor of the MSMS Journal from 1942 until becoming first editor emeritus of the Journal in 1963, a week before his death. President-for-a-Day for MSMS, September 21, 1949, Doctor Haughey died in 1963 at the age of 82 after more than 55 years of active practice.

# **Future of Calhoun County Medical** Society

It should be clear from the history of medicine in Calhoun County that individuals are important, and other views are not only incorrect, but counter-productive. But, if the importance of individual physicians and county organizations is still questionable, then perhaps a review of the principles used in establishing the AMA might be helpful.



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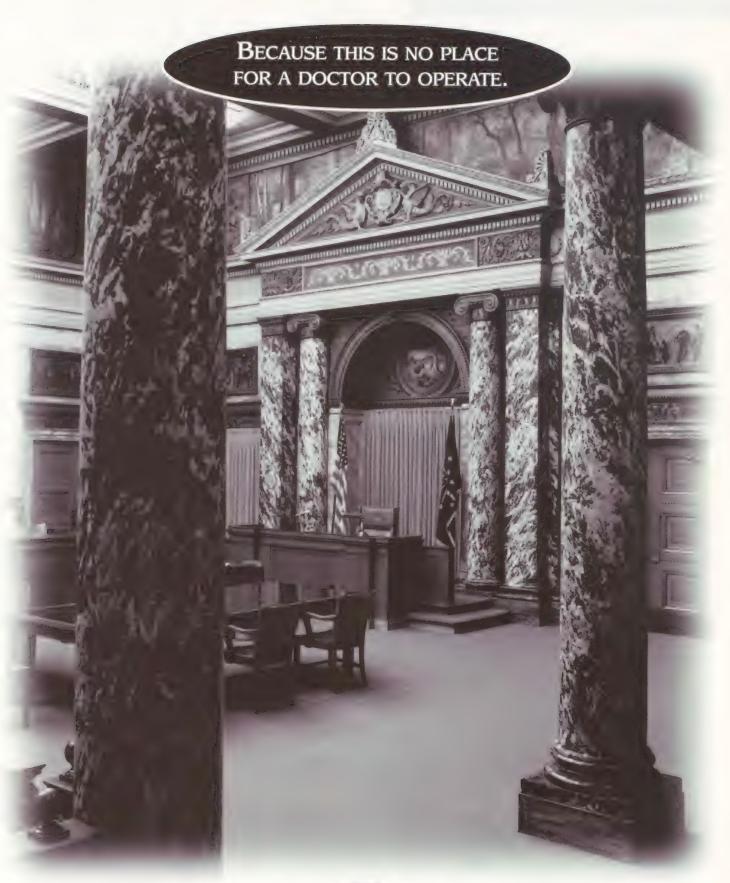
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# Michigan moves toward better



Pain

Management

When one of Karen Ogle's Hospice patients mentioned a desire to her Hospice nurse to contact Jack Kevorkian, Doctor Ogle approached it diplomatically. The patient, an older woman suffering from metastatic breast cancer, was experiencing severe nausea and vomiting complicated by a concern that she was a burden to her family. Her oncologist had used opioids effectively to relieve her pain. Unfortunately, the woman's nausea and vomiting, fairly common side effects of opioids, "were worse than the pain," said Doctor Ogle, a family practice physician and member of the Michigan Hospice Organization Board of Directors.

But Doctor Ogle was convinced she could relieve the woman's suffering. In the following pages, Michigan Medicine explores Doctor Ogle's role in relieving her patient's pain and suffering, as well as that of her colleagues around the state. You will hear physicians' fears about state regulation of pain, actions health care professionals have taken to change those laws and how state legislators are influencing the arena. Finally, learn about how health professionals have successfully offered the Hospice program as a way to make the lives of terminally ill patients comfortable.

By Cathy L. DeShano

# Organized medicine, legislation work for pain management

continued from previous page

aren Ogle, MD, urged the older woman to "work with me for a few days," offering confidence that the physical symptoms could be relieved along with a commitment to the patient that the other aspects of her suffering would then be addressed. Several days later, the woman, a terminally ill Hospice patient, sat comfortably in her bed as her daughters, husband, Doctor Ogle and a Hospice nurse focused on the woman's psychological concerns.

Convinced that the woman's earlier interest in physician-assisted suicide was driven by two things—physical misery and a common concern about the burden she was placing on her family-Doctor Ogle asserts that the woman was simply in need of better symptom management.

"Patients often aren't interested in dying if their pain is treated properly."

Like Doctor Ogle, physicians operating pain centers and fellow Hospice physicians charged with making terminal patients comfortable in their last months of life believe patients will choose life when their pain is controlled. While better management has been touted as the solution for intractable pain, a number of Michigan physicians, health officials and legislators note that many areas need improvement in order for patients to fully benefit.

In the following pages, Michigan Medicine examines physicians' roles in relieving pain, the health professions' concerns about regulating pain and how state legislators are influencing the arena.

# Spotlight on Michigan

Since Jack Kevorkian's first assisted suicide in June of 1990, the spotlight has centered on Michigan's physician-assisted suicide policies. The Michigan legislature condemned Doctor Kevorkian's actions, passing a bill in 1993 which made it illegal for a physician to actively assist a patient in death (a law overturned by the Michigan Supreme Court in 1994). Three times, Doctor Kevorkian has been brought to trial by Oakland County prosecutor Richard Thompson, and each time Michigan citizens have acquitted Kevorkian.

Michigan doctors have expressed viewpoints espoused by the public, though a greater percentage of the public, than

of the physicians, supports legislating assistedsuicide. In 1993, MSMS House of Delegates adopted, and in 1994 reaffirmed, nine consensus points noting physicians' responsibility to heal and relieve patients' suffering for the purpose of extending life. The first of these points

called for improved pain and symptom con-

On this point, many health care practitioners and legislators stress that "a comprehensive system of care that addresses medical and psychological needs" is necessary for treating pain, according to Joel R. Saper, MD, FACP, Director of the Michigan Head Pain & Neurological



Institute, Ann Arbor, and chair of the Michigan Council on Pain.

Doctor Saper, along with a psychologist, attorney, lay person and administrators were appointed to the Council in 1995 by Representative John Jamian, R-Bloomfield Hills, to evaluate the quality of Michigan's pain care, determine what types of access and quality problems may exist and propose how these problems may



Doctor Ogle addresses third year Michigan State University medical students in a seminar on bereavement and grieving. Third year students take a series of core competency seminars in which the issues of caring for dying patients as well as the specifics of pain management are discussed.

be solved. Committee members held hearings, solicited input from various medical societies, then submitted a report to Michigan's House of Representatives in the fall of 1995. Using this report as a starting point, the legislature developed the Michigan Pain Act, a series of bills designed to address concerns highlighted by the Council.

But the bills have yet to become law. Insurers, concerned about a lack of checks and balances, balked over initial language requiring pain treatment under health care contracts.

In the latest draft of bills, the earlier mandate has been replaced with language which urges insurers to cover referral and treatment of pain. Representative Gerald Law, R-Plymouth, one of the bills' authors, suggests that "if one HMO develops a good program for its insureds, then others will want to also."

State officials are also addressing concerns physicians raised during the Council's hearing to "ease pressure on doctors when practicing appropriate medical care when giving opioids," said Doctor Saper. Across the state, doctors fear civil, criminal and administrative prosecution for prescribing opiods to patients with intractable pain.

The state's triplicate prescription procedure, which required three copies of each prescription doctors wrote for narcotics, sunsetted in 1995. However, current law exists requiring physicians prescribing Schedule 2 drugs, or opioids, to maintain a log and records for such prescriptions separate from other records for at least five years from the date of prescription, a policy

known as the prescription program. Should the Office of Health Services find a physician has distributed opioids for reason other than a legitimate therapeutic, scientific purpose or has administered the drugs outside the scope of practice, the physician's license may be revoked.

Regulations are necessary according to Doctor Saper, who is concerned "that if we liberalize the narcotic administration to patients, we'll go from too restrictive to too liberal and will create a worse problem by over-prescribing opioids." Thomas C. Lindsay III agrees.

As Director of the Office of Health Services, Department of Consumer and Industry Services, Mr. Lindsay serves as chair of the Interdisciplinary Advisory Committee of Pain and Symptom Management which has held forums on pain treatment for the past two years. Acutely aware of physicians' fears of prosecution, Mr. Lindsay affirms that the state doesn't "investigate anyone simply based on a review of the prescription program. We use that only in conjunction with other information."

While Mr. Lindsay believes physicians are "too concerned regarding drugs," (though he acknowledges he isn't in their position) he suggests that only through education and communication will those fears be alleviated. One measure the Advisory Committee has taken is to recommend to the state's universities that they develop room in curriculum to teach medical students about the Drug Enforcement Agency's responsibility, the Drug Investigative Unit's role and the Office of Health Service's role with regards to pharmacology and controlled substances.

continued on next page

While Mr. Lindsay believes physicians are "too concerned regarding drugs,"... he suggests that only through education and communication will those fears be alleviated.

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He has also encouraged physicians to voice their concerns so that legislators understand health practitioners' fears. During a discussion "Every with the director, Doctor Ogle stressed that "the perception of legal risk involved in premedical scribing opioids is a significant barrier to apstudent propriate prescribing for many physicians." Since then, Doctor Ogle has begun working learns how with Michigan Hospice Organization Executive Director Susanne Homant to evaluate the law and, if necessary, propose change. Doctors' perception of the law, which will sunset next baby, yet fall, sets back the cause of better pain relief, especially for terminally ill patients, Doctor many of Ogle emphasizes. "Most Hospice nurses in Michigan share the belief that these restricthem never tions on prescribing limit physician responsiveness to their requests for pain medications for their Hospice patient." even now."

Yet Doctor Saper asserts that "a physician practicing quality care is not likely to be at risk,

Indeed, neither Doctor Saper nor Doctor Ogle has experienced a tenuous relationship with the legal system concerning drug prescriptions. The only run-in Leslie Bricker, MD, Henry Ford Health System oncologist has encountered was when he sent a form to the state with an incomplete address. As the Health System's medical director of Hospice, Doctor Bricker frequently prescribes Schedule 2 drugs. "I've not really found it [the tracking program] to be a problem," he states. "But I know a lot of physicians who don't want to prescribe because of it."

An equally important issue for health practitioners and legislators involves pain management education.

Though she has developed quality skills through her on-the-job training, Doctor Ogle stresses the need to educate medical students, physicians and other practitioners about pain care. "Every medical student learns how to deliver a baby, yet many of them never will," she said. "But we don't require physicians to learn how to treat pain, and everyone will, at some point, be faced with a dving patient."

Inadequate training in medical schools, postgraduate work and continuing medical education (CME) courses was a principle concern for Pain Council members. The Council recommended more informal education in medical schools with a more enlightened attitude about pain management, according to Doctor Saper, as well as requiring of physicians annual CME training.

"[Pain management] is changing so rapidly. I can ask physicians who are treating pain whether they know the difference between morphine and Demerol and they often don't," notes Doctor Saper.

The Interdisciplinary Advisory Committee recommended two hours of course work for physicians, physicians assistants, nurses and pharmacists each year. Such courses would include pain management techniques, pharmacological, physical, invasive and psycho/social interventions.

But these suggestions are not legislative mandates.

"For many physicians, a mandate is hard to accept. They may not feel there is a direct relationship to their field or specialty," said Mr. Lindsay. "Many are concerned this is just the start of other mandates, other groups coming forward and suggesting education requirements, such as HIV education."

According to Doctor Bricker, requiring physicians to sit in an auditorium for a couple of hours is not the answer. He hopes that more physicians skilled in treating pain will participate, like he has, in small group lectures, video conferences and one-on-one training in pain management with other physicians.

In the fall of 1995, MSMS held a panel discussion and courses about how to care for chronic pain, as well as that of the terminally ill.

Doctor Saper asserts MSMS and other state societies must continue to provide annual training and direction in pain management.

to deliver a will. But we don't require physicians to learn how to treat pain, and everyone will, at some point, be faced with a dying patient." -Karen Ogle,

MD

Educating the public also is necessary if people are to see pain treatment and centers providing relief as more than just "pill factories," according to Representative Penny Crissman, R-Rochester.

The Interdisciplinary Advisory Committee compiled a bibliography of existing information for patients suffering from intractable pain. Rep. Law hopes people previously "naïve about their options" will use the Patient Bill of Rights, waiting for state senate approval as a "mechanism to access pain specialists." Health care practitioners involved in Hospice hold informational sessions about how they treat patients in their program for pain, necessary steps for a culture in which "most people don't bother learning about health care until they're sick,"

says Sue Homant, Executive Director, Hospice of Michigan.

# **Taking the Lead**

If the bills easily pass through the new legislature as Rep. Law expects—"no one is going to stand-up there and say 'Live with the pain or kill yourself," he says—health professionals and legislatures nationwide will focus on the language.

"No other state has this type of legislation," says Doctor Saper.

Those involved in the effort to improve pain management are anxious to facilitate better management for patients suffering with unrelieved pain. "For the state that has made a name off Doctor Kevorkian, it's mandatory that we lead the way in pain management," says Doctor Ogle.

If the bills easily pass through the new legislature as Rep. Law expects... health professionals and legislatures nationwide will focus on the language.



# Quality pain care key to treating patients

State legislature looks to regulate pain management through bills

By Karen Bouffard

oel R. Saper, MD, director and founder of Ann Arbor's Head Pain & Neurological Institute, recalls a patient whose pain was unsuccessfully treated before being referred to the Institute.

"For eight years he was locked into an HMO because it was \$150 more costly (to refer the patient,)" he says. "They were spending \$8,000 per month for medicine.

"Twenty-four to forty-eight hours after coming in to our program he improved," Doctor Saper adds, noting that the patient's primary care physicians had written appeals to obtain referrals. "When he got here we had to put him in the hospital because he was toxic from the medicine."

According to Doctor Saper, who founded the Institute in 1978 creating the nation's first comprehensive center for head pain, this patient's experience is characteristic of problems facing patients and physicians involved in pain management. Pending before the legislature is a set of bills to establish and regulate pain management as a fundamental component of medical care, and require health plans to cover the costs of evaluation and treatment.

# Opponents' concerns

While opponents, including insurers, business interests and state administrators, have voiced concerns that the bills could lead to exclusive pain management "franchises" or "cartels," Doctor Saper believes the legislation is vital to ensure humane and cost-effective pain care.

"The Michigan Council on Pain, which I chaired at the request of the Michigan legislature, found serious deficiencies in this state's services for complex pain patients," he states. "Limited or absent insurance coverage, insufficient experience by treating physicians, prejudice toward pain patients, minimal teaching in the professional schools, lack of adherence to national guidelines for pain

treatment and denial by HMOs for advanced services were widespread problems.

# **Establishing guidelines**

The legislation defines a Center for Advanced Care as a hospital or health care facility that is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Commission on Accreditation of Rehabilitation Facilities. Centers must also retain a full-time medical director certified in pain medicine by the American Board of Medical Specialists or the American Board of Pain Medicine; perform and publish research on pain-related issues; and provide patient education as well as pain management education for physicians.

The bills create a Michigan Commission on Pain within the Michigan Department of Community Health. The Commission will include: three appointments by the Michigan Board of Medicine and the Michigan Board of Osteopathic Medicine, one of whom is a physician specializing in primary care and two of whom are physicians board certified in pain medicine; a psychologist appointed by the Michigan Board of Psychology; an insurance representative, a health maintenance organization representative, a health care corporation representative and a person of the general public, all to be appointed by the governor; a dentist, appointed by the Michigan Board of Dentistry, trained to treat intractable pain; a registered professional nurse, appointed by the Michigan Board of Nursing; and the directors of the Department of Community Health and the Department of Consumer and Industry Services.

# Patients' right to care

A highlight of the legislation is a provision affirming that the state legislature recognizes the treatment and evaluation of intractable pain



A 1996 pain management news conference. From left: Gerald Law, R-Plymouth; Joel R. Saper, MD; Karen Ogle, MD; Howard Brody, MD, PhD; Penny Crissman, R-Rochester.

as a fundamental component of medical care requiring coverage under health care contracts, plans, certificates and policies. It stipulates that evaluation and treatment of intractable pain is not experimental if it is consistent with medical care provided by Centers for Advanced Care or other specialized Centers of Pain Management and approved by the Michigan Commission on Pain. Patients who have suffered intractable pain for at least six months are required the opportunity, upon their request or their physicians, to receive treatment in a comprehensive pain management program.

The legislation also states that the use of controlled substances is appropriate in medical treatment of certain forms of intractable pain and should not be interfered with in those circumstances. Under the bills, physicians are provided with immunity from administrative, civil or criminal liability when, as part of a treatment plan for intractable pain, they prescribe a narcotic drug.

# Health professionals endorse bills

According to MSMS Bioethics Committee Chair Howard Brody, MD, PhD, professor of family practice and philosophy, and director of the Center of Ethics and Humanities in the Life Sciences at MSU's College of Human Medicine, the central issue in pain management legislation is human suffering.

"When we first started talking about this, managed care wasn't the issue. The issue was that so many people had so much pain that they were asking to die," he says, noting that Jack Kevorkian's assisted suicides first came to the public's attention in 1990. He adds, "Even if Doctor Kevorkian had never existed these patients still need help."

According to Doctor Brody, the MSMS Bioethics Committee generally approves the legislation, and has referred it to the MSMS State Legislation and Regulations Committee for additional review. Doctor Brody praises the legislation for removing unnecessary barriers to patients seeking treatment for pain, while providing protections for physicians who wish to prescribe narcotics for pain. He also believes the legislation's intention of upgrading the quality of pain centers is "a legitimate goal."

According to Todd E. Lininger, MD, a member of the Michigan Pain Council and Medical Director of the North Oakland Pain Management Services in Waterford, the legislation would encourage pain management centers to adopt a comprehensive model similar to that utilized at his facility. Part of the North Oakland Medical Centers in Pontiac, the service is located in an urgent care center that offers outpatient surgery, physical and occupational therapy, psychological services and primary care.

"A multi-disciplinary approach that includes a psychological component, along with an educational component, is the most appropriate model for patients to do well," he says, noting that the legislation would keep facilities from operating as "pill mills" or "nerve block clinics."

"The intent of the bills was to say to insurance companies, 'We want to put in some safeguards to make sure quality of care issues are followed," he says. "The problem is they don't understand that when a patient has pain they're going to stay in the medical system until they find a solution to that pain - - and the best way to treat pain is with the most appropriate treatment.

"Pain treatment isn't cheap, but it can do unbelievable things to relieve pain."

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care.

# State rep rallies for pain issues

Penny Crissman has first-hand experience

# By Jean K. Capriotti

ften politicians are accused by the general public or their constituents of being too far removed from the issues. State Representative Penny Crissman, R-Rochester, serves on the House Health Policy Committee and over the past few years, has been a heavy supporter of pain management bills. The bills will establish and regulate pain management as a fundamental component of medical care and urge health plans to cover treatment evaluation and treatment.

Rep. Crissman could not be more involved with the issue of pain management. As she backed these bills, Rep. Crissman experienced

> pain management firsthand; she was treated at a pain management clinic for pain suffered from a bone infection.

Rep. Crissman's infection developed shortly after a laminectomy. After the operation she returned to her legislative duties. Yet the pain from the bone infection made it difficult for her to function in an effective manner and she looked for referrals to pain management clinics. "If I had



Representative Penny Crissman

not been involved with the issue of pain management, I would never have known pain management clinics exist," she said.

She was treated at the Gertrude Levin Pain Center before moving to Crittenton Hospital in her district. Bedridden for a total of four months, Rep. Crissman continued treatment for over a year after leaving.

"Pain management is not just about giving the patient medicine to relieve the pain," she said, "It is about treating the whole person so that they can continue to function and to have a quality of life that they wouldn't have without it," she said.

Personal and legislative experiences with the issue of pain management have given Rep. Crissman insight on some of the barriers associated with this form of care. "Physicians are not educated enough about

pain management. In turn, patients are not being referred to clinics," she said.

She claims obstacles exist even when a physician is aware of pain management treatment. Many physicians think they can treat a patient's pain without the help of other physicians or they are afraid to prescribe narcotics for fear that a patient may become addicted to the medication, she said. "Pain medicine is needed by some people as part of their healing process. Yet, there is a huge difference between addiction and physical dependence," Rep. Crissman said.

Another barrier with pain treatment comes from insurance carriers, not all of whom cover pain management. This deters many people from receiving full pain management treatment, she said. "My belief is that if you can treat people and make it so they can function in society, it will help to alleviate or eliminate associated social costs," said Rep. Crissman.

But she is encouraged with the fact that many hospitals are seeing the need for a total treatment process and implementing pain management treatment centers.

"It is amazing what is available as far as pain management treatment. This should be accessible for those who need it. I understand this a whole lot more than someone who hasn't been through it. When you are in pain, you will try anything to help," she said.



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# MSMS, AMA take proactive stance

Advocate quality pain management techniques

# By David K. Fox

No matter where you come down philosophically and morally on the issue of physician assisted suicide, all parties in the debate generally agree on three things:

■ There is a need for improved pain management education among physicians.

There is a fine, but significant, distinction between providing pain control that may hasten a death versus causing a death.

Adequate pain management can reduce the number of requests for aid in dying.

"It's easy for the medical profession to do a mea culpea on pain management, blaming ourselves for not always adequately controlling our patients' pain," said MSMS president W. Peter McCabe, MD. "Certainly, everyone agrees that the science of pain management has exploded in the past decade and that a good portion of physicians have not kept up with it.

"However, we also are faced with laws that have the state police showing up at our offices if they think we are writing too many prescriptions for level three drugs.

Too often this puts the physician in a difficult position and creates a reluctance to prescribe adequate pain control for our patients." AMA Immediate Past President Lonnie Bristow, MD, agrees.

"This uncertainty (about legal prosecution) chills physicians' ability to effectively control their terminally ill patients' pain and suffering through the appropriate prescription and administration of opiates and other controlled substances."

Doctor Bristow said the AMA is developing model legislation for state medical societies to pursue with their state legislatures and medical licensing boards to help alleviate this problem.

# AMA advocates greater pain management

At its Annual Meeting in June, the AMA House of Delegates adopted an AMA Board Re-

port reaffirming its opposition to physician assisted suicide; a report that also *stressed* the need for pain management.

The Board Report said, "It is critical that the medical profession redouble its efforts to ensure that dying patients are provided optimal treatment for their pain and other discomfort."

"Pain control medications should be employed in whatever dose necessary, and by whatever route necessary, to fully relieve the patient's pain," the report continued. "The first priority for the care of patients facing severe pain as a result of a terminal illness or chronic condition should be the relief of their pain," the report went on. "Fear of addiction to pain medications should not be a barrier to the adequate relief of pain."

The report concluded that, "It is well accepted both ethically and legally that pain medications may be administered in whatever necessary dose to relieve the patient's suffering, even if the medication has the side effect of causing addiction or of causing death through respiratory depression."

The MSMS Statement on Physician Assisted Suicide concurs with this position. One of the nine points of consensus states that, "Providing a patient with sufficient medications to relieve pain, even if it ends up shortening life, is neither assisting a suicide nor performing active euthanasia. Such provision is an essential of compassionate care."

Nancy Dickey, MD, AMA Board Chair, explained the difference between assisted suicide and controlling pain even if it causes death. This is referred to as the Doctrine of Double Effect.

"The distinction is based on the intent of my actions," Doctor Dickey said. "I am acting in the best interests of my patient if, while attempting to control suffering and maximize his or her comfort, death is hastened.

"However, if the intent of my actions goes beyond comfort and focuses specifically on causing death, I am either assisting in suicide or performing euthanasia." Both of the latter, according to AMA policy, are unethical.

# MSMS position on Physician Assisted Suicide

MSMS policy is not as absolute on this point. One of the nine consensus points states that, "The physician's reluctance to assist in or to cause the death of a patient is rooted in the very basic principles of professional integrity having to do with healing and relief of suffering for the purposes of extending the life of the patient. Only the most pressing circumstances, if any at all, can justify abandoning this position."

In the portion of the MSMS Statement on Physician Assisted Suicide that is subtitled "Summary of Opinions in Support of Permissible Physician Assisted Suicide, it states that a patient does not have the right to assisted suicide and that a physician may turn down the request. On the other hand, "if the physician and the patient reach consensus that there are no other acceptable options, and if it is consistent with the physician's personal values, it is permissible for the physician to provide means for the patient to commit suicide. If such assistance is not acceptable to the physician, the physician must inform the patient and continue all efforts to relieve pain and suffering."

The MSMS Statement has equally strong language opposing assisted suicide.

"Obviously, ours is a policy of inclusion that allows physicians of conscience to differ on this controversial issue," Doctor McCabe explained. "When you boil it down, our policy says keep the legal system out of it and leave decisions up to the physician, the patient and the patient's family. This is a medical issue and we don't want the lawyers and the courts and the legislators messing around in it."

In the AMA Board Report, the AMA House of Delegates added a recommendation that, "the AMA work with local, state and specialty medical societies to develop programs to facilitate re-

ferrals to physicians qualified to provide necessary palliative and other care for patients seeking help in meeting their physiological and psychological needs at the end of life; and establish a faculty of physicians with expertise in end of life care who can provide consultations for other physicians in caring for patients at the end of life."

The AMA sent a form to component medical societies this fall asking for physicians willing to serve in such a capacity.

### MSMS acts on End of Life Issues

MSMS, too, is poised to take action on end of life issues. The MSMS Board of Directors approved Doctor McCabe's action report at its Nov. 20 meeting to establish an MSMS End of Life Issues Forum. The forums will look at a variety of issues including pain management and how to improve it. Other end of life issues to be discussed include education about and use of hospice care, the use of advance directives and their effectiveness in the hospital setting, and a discussion about, and possible development of, guidelines for assisted suicide.

The forums, to be chaired by MSMS Bioethics Committee Chair Howard Brody, MD, will be made up of the same wide spectrum of interest groups that participated in MSMS's original forums on physician assisted suicide in 1991 and 1992. Input will be sought and then a final report will be made back to the Board prior to the MSMS House of Delegates meeting in May.

"Doctor Brody always says it is his belief that if you take 100 people who have requested physician assisted suicide and provide them with every possible alternative including evaluation for depression, hospice care, assurance of autonomy in withdrawing treatment and adequate pain control, 97 of those patients will withdraw their request," Doctor McCabe said.

"I believe we have a duty to find out if he is right."

The author is MSMS chief of media relations and staff to MSMS bioethics committee.

It is critical that the medical profession redouble its efforts to ensure that dying patients are provided optimal treatment for their pain and other discomfort.

# Physicians play key role

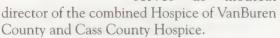
As Hospice system grows

# By Cathy L. DeShano

avid J. Millard, MD, began practicing medicine when doctors, toting a black bag in one hand while rapping the door with the other, routinely provided regular care to patients in their homes. Involvement with Hospice provides him with a natural extension of these early home care experiences.

Doctor Millard, MSMS district director, is MSMS Board liaison to the new MSMS Committee of Hospice Medical Directors. His interest in Hospice sparked about nine years ago.

> The Paw Paw family practitioner developed an interest while observing and learning from Hospice personnel about symptom and pain management in terminal patients. As patients neared the end of life, he shared information about Hospice with his patients and their families, offering it as a personal, peaceful way to end one's life. Now in semi-retirement, he serves as medical



Although Hospice has been in existence since the 1960s (a concept of Dame Cecily Saunders, a British physician who saw a need for a facility which addressed the physical, social, emotional and spiritual needs of the dying) it has received heightened attention since Jack Kevorkian forced end-of-life issues to public attention. While many involved with Hospice recognize that Doctor Kevorkian's actions have increased public awareness, they also cringe at the methods he has chosen to "treat" patients. Many of these patients seem to feel they have

nothing left to live for and would "benefit from counseling Hospice provides," said Doctor Millard.

Hospice offers an interdisciplinary approach to dying, utilizing a team of doctors, nurses, pharmacists, social workers, bereavement and

spiritual advisors and volunteers to tend to the needs of both a dying patient and the family. Through this team approach, the program seeks to "allow a human death," according to Susanne Homant, Executive Director of the Michigan Hospice Organization, which represents all state Hospices.

Though the illnesses from which Hospice patients suffer vary, all have one common factor: they have agreed to forego treatments to cure, but rather, have identified a desire to live out their last few months in a comfortable environment.

Hospice develops this environment as soon as a patient agrees to enter the program. A clergy member contacts new patients to offer services (though patients frequently have a clergy member they have seen for years). Bereavement counselors work with both the patient and family members to discuss the imminent death, how to share feelings about dying and what type of funeral the patient would like to have. The counselor, who provides guidance for the family for up to 13 months after the patient has died, "can help bring families to some type of closure," said Tom George, MD, Kalamazoo Hospice Codirector and co-chair for the new MSMS Committee of Hospice Medical Directors.

While bereavement counselors address a family's spiritual needs, Hospice volunteers alleviate daily stresses. Kathleen Reding, a professor at the School of Public Affairs and Administration, Western Michigan University, joined Hospice nearly five years ago because she wanted to perform community service and



David J. Millard, MD



Rita Sweis, who lives in a suburban Detroit nursing home, shares a laugh with Hospice social worker Glen Lowery.

become more comfortable with the issue of dying. During the 30 hours of required training, Ms. Reding learned to "not cut patients off when they want to talk about their dying," a skill she later used as one dying patient talked of which dress his wife should wear to his funeral. Ms. Reding has also read to patients, cleaned patients' homes and, on one occasion, fulfilled a woman's request for a visit to Reding's farmhouse.

The patient's primary care physician, Hospice medical directors and Hospice nurses, no longer trying to cure the patient's condition, focus their energy on treating the patient's pain. To do this, the physicians and other members of the Hospice team adjust prescriptions until a patient is comfortable.

"It's a balancing act," said Fred Isaacs, MD, the Lansing Hospice medical director and cochair of the MSMS Committee of Hospice Medical Directors. "Sometimes it takes a couple of weeks to get the medication right. Patients generally want to be alert, so we have to find the right dosage or combination of medications."

The pain management techniques which Hospice provides, are a welcome benefit for many patients who have endured such rigorous routines as radiation or chemotherapy. "I'd quit if I thought most patients were still in pain," said Doctor Isaacs.

Appreciation for the services Hospice provides and the overall satisfaction with the program are high; 95 percent of families participating in the Van Buren and Cass County Hospice are "enthusiastic in their praise,"

according to Doctor Millard. Yet a concern exists that Hospice is underutilized. Of the more than 200,000 patients and families served annually nationwide, the majority do not enter the program until the last month of life, although Medicare provides coverage for the last six months of life.

Hospice officials believe that often, patients and family members feel as if, by joining Hospice, they are giving up on life and instead should be "still looking for a cure—they aren't psychologically ready to agree to palliative care," said Doctor George

Sometimes these concerns are shared by physicians who, according to Ms. Homant, may find it's hard "with one of their patients for whom they have developed a fondness to say 'you're dying' and suggest they consider Hospice."

Hospice doctors agree that some physicians' apprehension about the program stems from a reluctance to change, according to Doctor Millard, though this reluctance extends beyond conceding death to a fear of creating addicts or uneasiness about the use of extended nurses. "I was a chief medical examiner for the county. With Hospice, the nurses pronounce the patients dead. This was hard for me to accept because, for over 30 years, I had pronounced them dead. There are a number of things that are different; but all physicians and people must learn to change," said Doctor Millard.

Members of the Hospice team hope they can change both the public's and physicians' attitudes about the program by clearing up any



Social worker Pamela Hurst greets Percia Claybrook, a Hospice patient who lives in a Detroit nursing home.

misunderstandings individuals may have. A key area of confusion for many is the role a primary care physician plays in the patient's health care once admitted to Hospice.

"Some physicians aren't familiar with the services and think they will lose contact with their patient," said Doctor Isaacs. "This isn't true—they can continue to act as the primary care physician."

In fact, the primary care physician's continued role is strongly encouraged by the Hospice team. Hospice patients are evaluated every two weeks by the inter-disciplinary team, a process in which the primary care physician is welcome. If, at any point, the attending nurse feels the patient's medical treatment should be altered, the primary care physician is first contacted, while the Hospice physician provides any necessary consultation, according to Doctor Isaacs. The primary care physician continues to be reimbursed by Medicare and other insurance providers for any services provided.

Through further education, Hospice officials believe they can create greater participation in the program. According to Ms. Homant, the Michigan Hospice Organization has a longrange strategic plan, a key component of which is education, especially in medical schools. The Michigan Hospice Organization is working with the NHO to present a program which will provide residency educators programs on pain management so these educators can go back and

When Angela Hospice of Livonia released a 1990 study, 86 percent of the respondents indicated a hospice residence would be beneficial. Lawmakers, recognizing a need to change licensure procedures, recently enacted House Bills number 5490 and 5491, which will make it easier to create Hospice residences. The laws do the following:

- exempt hospices and hospice residences from the definition of a nursing home;
- require hospice programs to hold a separate license for any hospice residence they operate;
- define a hospice residence as an operation which provides 24-hour care to two or more patients at a single location;

require the residences to have an approved plan for infection control, meet all safety and fire codes and meet federal regulations regarding meals and the administration of druas.

For terminally ill patients who have no one able to manage their care, these laws allow them to receive care in a comfortable setting, surrounded by other Hospice patients, according to Susanne Homant, Executive Director of the Michigan Hospice Organization. However, "there won't be a revolution in Hospice care," said Representative Gerald Law, R-Plymouth, one of the Bills' key sponsors, because the laws require programs to provide 51 percent of their care to patients in their own homes.

train residents in pain management. Madonna University in Livonia now offers a master's degree in hospice nursing, the only school nationwide to do so. MSMS recently established the MSMS Committee of Hospice Medical Directors which will provide greater communication between Hospice programs throughout the state. An outreach individual for Hospice of Van Buren County and Cass County Hospice visits area groups, churches, the medical community and social workers to answer questions and make people more aware of Hospice. Each summer, the Hospice of Greater Kalamazoo sponsors an annual fundraiser at which program members answer people's questions.

As care for the terminally ill continues to dominate the media, Hospice officials increasingly advocate the program as a quality means of treating the dying.

"The Hospice philosophy, a total philosophy addressing physical, social, spiritual and emotional needs, is a very appropriate answer," said Doctor Millard.

For more information about the Hospice program in your area, you may contact the Michigan Hospice Organization at 800-536-6302.

If you would like information about the MSMS Committee of Hospice Medical Directors, please contact Kevin Kelly at MSMS at (517)336-5742 or by e-mail at kkelly@msms.org.

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# Joint agreement opens discussion

MMGMA-MSMS observe first anniversary of collaboration

# By Eric Thompson

he Michigan Medical Group Management Association was the first state MGMA chapter to enter into an agreement with a state medical society. The MMGMA-MSMS union is one of just three state chapters who have joint agreements with state medical societies.

Eric Thompson, MMGMA President

The agreement, designed to formalize the relationship between the two organizations, is modeled after the affiliation agreement between the AMA (American Medical Association) and the national MGMA. The agreement covers five areas: advocacy, education, member benefits, administrative assistance and committee participation.

While the year has been hectic for both organizations, the

agreement has created a positive environment for discussions and activities between both groups. Leadership from each organization has attended at least one of the other group's board meetings and have initiated regular meetings between the officers of each group.

The agreement has truly formalized the participation of MMGMA members on ten MSMS Committees - CME Accreditation, Federal Legislation, Liaison with MDPH, Medical Economics Advisory, Medicaid Liaison, Risk Management, Rural Health Care, State Legislation and Regulation, Technology in Medicine and the newest MSMS Committee, the Advisory Committee on Group Practice.

MMGMA members have enjoyed receiving Medigram and keeping informed of current health care issues in Michigan, as well as being involved in the Physician Legislative Network (PLN.) The PLN provides issue alerts and updates on the latest legislative issues and the need for constituency contact with key legislators.

Our joint participation on Capitol Check-Up (CCU) day last May was a tremendous success and allowed both physicians and their staff to meet and discuss legislative issues of importance in their practice. Participants enjoyed a constituent skills workshop, a

legislative briefing and then lunch on the capitol lawn with legislators. Plans are already underway for CCU in the spring of 1997.

MMGMA members have also worked quite closely with key MSMS staff on the issue of uniform claim standards. Although the legislator who introduced bills addressing this issue was defeated last fall, legislation will be reintroduced and significant activity is already occurring at the national level. I am very pleased that MMGMA and MSMS are able to work cooperatively on this important issue.

Through a recent MMGMA membership survey, the Executive Committee received information that reinforced the importance of education for their membership and in particular education on the topic of risk management. Risk management is an issue which will be a priority for MSMS in 1997.

MMGMA is also closely observing MSMS development of the MSMS Management Services Organization, Michigan Medical Advantage and the benefits being developed for group practices in Michigan.

MMGMA looks forward to continued activity and a mutually beneficial relationship between our two organizations.

If you are interested in having your staff belong to MMGMA please contact MMGMA Executive Secretary, Deborah Zannoth at MSMS headquarters, (517) 336-5763 or via e-mail, dzannoth@msms.org

Eric Thompson is President of MMGMA, and Chief Operating Officer, Burns Clinic; Petosky.

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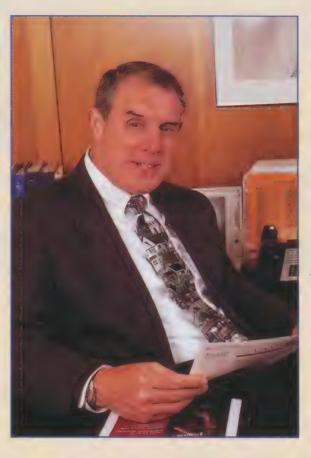
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# Voters yell "Freeze!"

Analysts surmise 1996 elections tell politicians to stay the course

By Craig Ruff

ollectively, American voters last November vested in the hands of 535 people the making of federal law for 1997-98—435 members of the U.S. House of Representatives and 100 U.S. Senators, 34 of whose seats were up for election. While none of Michigan's 38 state senators (whose four-year terms expire in 1998) was on the ballot, state voters elected 110 members to our House of Representatives. In the hands of these 683 people is the spending of well over \$1 trillion of tax monies, oversight of welfare and health insurance reforms, the future solvency of Medicare and Social Security systems, Michigan's overhaul of welfare, the state's regulation of health care systems and insurers, and a few thousand other matters.

No member of the U.S. Congress is as well known to Americans as President Bill Clinton. No state legislator enjoys the household name status of Michigan Governor John Engler. The legislative assemblies, however, resolve the policy debates of our nation and state; they are the negotiators and deciders of public policy.

# The U.S. Congress

On paper, the U.S. Senate shows little change from 1995-96. Republicans gained two seats, boosting their majority to 55-45 over the Democratic minority. The reality, which belies statistics, is that this Senate has a far different character than its predecessor.

The U.S. Senate becomes the more staunchly conservative of the two national legislative chambers. At the same time, its minority liberal caucus solidifies. Its moderate, centrist members nearly evaporate, dwindling to a handful of people like Jim Jeffords, Olympia Snowe, John Chafee, Joe Lieberman, and Fritz Hollings. In the largest voluntary exodus in U.S. Senate history, conciliatory folks like Mark Hatfield,

Howard Heflin, Bob Dole, Sam Nunn, David Pryor, Nancy Kassebaum, and Bill Cohen turned in their seats and retired. Overall, today's Senate reminds me of the 1940s and 1950s, dominated by southern, conservative Democrats. It's extraordinarily different than the liberal-dominated chamber of the 1960s and 1970s.

Dwarfed by the Gingrich GOP jingoism of 1995-96, Senate Republicans' voice in national policy re-emerges. Look for the Senate to be feistier in scrutinizing Clinton's judicial nominations, launching investigations into alleged White House and national Democratic

Party wrong doings, and initiating social agenda items, including abortion restrictions.

Republicans are five votes away from cutting off filibusters; that check should be removed in the 1998 elections when they figure to gain at least five new seats.

Majority leader Trent Lott likely will be the GOP's shadow government leader, as Newt Gingrich's parole lingers through the 1998 elections. The Robespierre of the GOP revolution could use a couple of years' under-exposure. During 1995-96, Gingrich's self-importance brought to mind the classic exchange from the movie Arthur. To Dudley Moore's declaration, "I'm going to take a bath," his valet responded: "I'll alert the media."

Republicans hang onto control of the U.S. House of Representatives, albeit by a thin margin of 227-207 with one Independent who votes customarily with the Democrats. As with the Senate, the U.S. House's Republican majority stems entirely from huge GOP gains in the South. In 1960, among the 11 states of the Con-

continued on following page

continued from previous page

federacy, Republicans held seven House seats (out of 106) and no Senate seat (out of 22.) In those states today, Republicans hold 71 House seats against the Democrats' 54 and 15 Senate seats to the Democrats' seven.

Michigan's new members of Congress are Debbie Stabenow (D-Lansing) and Caroly Cheeks Kilpatrick (D-Detroit). Stabenow is on the committees on agriculture and science and technology; Kilpatrick joins the banking committee.

Inasmuch as the U.S. House constitutionally initiates all legislation dealing with taxes, look for quick action on any White House-initiated tax cut and emasculation of the Internal Revenue Service. I look for fairly prompt passage of a proposed constitutional amendment to require federal balanced budgets. On matters fiscal, the U.S. House retains a majority for a vision of a downsized government and lower tax burden.

So long as the economic expansion continues, looming over all else in Washington, D.C. will be the issues of Medicare and Social Security. Voters have been awakened to, if not educated about, the long term insolvency of both support systems. Half the battle to a political solution is public consciousness; as they would say, we have the people's attention.

Clinton's Democratic Party got hammered in 1994 largely because it bit off more than it could chew with regard to national health care reform. Its short-term suffering led, however, to the 1996 bipartisan Kennedy-Kassebaum insurance reforms. Likewise, the Republicans over-reached in their welfare reform and balanced budget plans of 1995. After a couple of presidential vetoes and immense damage to the GOP's reputation, the White House and Republican Congress reached an accord on welfare reform. The Democrats shrewdly reserved the Medicare issue in their 1996 campaign arsenal, but come 1997 and 1998, both parties may find behind them a popular will to lengthen Medicare's shelf-

life. You can bet the ranch, however, that Lott and Gingrich gladly will let the White House lead the policy discussions and plans . . . that premiums will increase . . . and that provider payments will be targets. To balance these reductions in the growth of Medicare—the amount bandied about is \$100 billion over eight years—look for Clinton and the Democrats to push health insurance coverage for all children and the temporarily unemployed. Taken together, these federal health priorities should accentuate intergenerational tension.

# The Michigan Legislature

Democrats won a huge emotional and strategic victory when they gained four seats and resumed control of the state House of Representatives by a 58-52 margin. After four years in the wilderness, state Democrats finally have a chief spokesperson and bully pulpit in the form of House Speaker Curtis Hertel.

House Democrats assume a prominent place at the public policy table of state government: Not only will they have to sign aboard any policy change, but also the Senate Democrats, in a 22-16 minority, can insinuate themselves into far more policy decisions by arguing that only by winning their support could a Republican-backed Senate bill have any chance of clearing the state House.

Speaker Hertel has tasted of every conceivable leadership scenario: He's been Speaker, cospeaker, minority leader, and Speaker once again. His maturity serves him well in his negotiations with Senate GOP majority leader Dick Posthumus and Governor Engler.

We likely are in store for the variety of consensus-built, coalition governance that Michigan experienced under governors Milliken and Blanchard (1969-1991), throughout which—with the exception of a scant eleven months in 1983—the governor faced at least one house controlled by the other political party. In fact,

continued on page 39

"The doctor said Bayer discovered the medicine in my Adalat CC twenty years ago!

Guess he didn't switch me from Procardia XL®\* just to save me money."

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Blood pressure reduction provided by Adalat CC is comparable with Procardia XL.<sup>2,2,3</sup> The frequency and type of side effects reported with Adalat CC are typical of dihydropyridine calcium channel blockers.<sup>4</sup>

Adalat CC is not indicated for angina. It should be taken on an empty stomach. As with all distinct pharmacologic entities,

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The pricing differential remains—initial doses of Adalat CC are 29% less than the Average Wholesale Price (AWP) for Procardia XL.<sup>†5</sup>

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<sup>†</sup>Calculations based on suggested Average Wholesale Price (AWP).<sup>5</sup> AWP is from a published price list and may or may not represent the actual price to pharmacists or consumers.

Please see next page for a brief summary of Prescribing Information.

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BRIEF SUMMARY
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INFORMATION For Oral Use

PZ500025BS

INDICATION AND USAGE: ADALAT CC is indicated for the treatment of hyperte sion. It may be used alone or in combination with other antihypertensive agent: CONTRAINDICATIONS: Known hypersensitivity to nifedipine.

WARNINGS: Excessive Hyperensions: Although in most patients the hypotensive effect of infedigine is modest and well tolerated, occasional patients have had excessive and poorly tolerated hypotension. These responses have usually occurred during initial introtion or at the time of subsequent upward desage adjustment, and may be more likely in patients using concomitant beta-blockers.

likely in portients using concomitant beta-blockers. Severe hypotension and/or increased fluid volume requirements have been reported in patients who received immediate releases copsules together with a beta-blocking agent and who underwent coronary artery byposs surgery using high dose fentanyl anesthesis. The interaction with high dose fentanyl appears to be due to the combination of infedipien and a beta-blocker, but the possibility that it may occur with nifedipien alone, with low doses of fentanyl, in other surgical procedures, or with other norrotic analyses of the properties of the problems and, if it has patients condition permits sufficient time (at least 36 hours) should be allowed for infedipien to be weshed out of the body prior to surgery.

Increased Angine and/or Myocardial Infarction: Rarely, potients, particularly those who have severe obstructive coronary antery disease, have developed well documented increased frequency, duration and/or severity of angine or acute myocardial infarction upon starting infedigine or at the time of desage increase. The mechanism of this effect is not established.

Bete-Blocker Withdrawat. When discontinuing a beta-blocker it is important to taper its does, if possible, rather than stopping abruptly before beginning nifedipine. Potients recently withdrawn from beta blockers may develop a withdrawal syndrome with increased angina, probably related to increased sensitivity to catecholamines. Initiation of infedipine ungino, propably related to increased sensitivity to catecholomines. Initiation of infeligine treatment will not prevent this occurrence and on occasion has been reported to increase in Congestive Heart Failure. Farely, patients (usually while receiving a beta-blocker) have developed heart failure after beginning infedigine. Patients with light cortic stenosis may be at greater risk for such an event, as the unloading effect of infedigine would be expected to be of less benefit to these patients, owing to their fixed impedance to flow across the aortic valve.

flow across the aortic valve.

PRECAUTIONS: General - Hypoteusieux: Because nifedipine decreases peripheral vascular resistance, careful monitoring of blood pressure during the initial administration and
titration of ADALAT CC is suggested. Close observation is especially recommended for patients
already toking medicinates that are known to lower blood pressure (See WARNINGS).

Peripheral Edenae: Mild to moderate peripheral edema occurs in a dose-dependent
manner with ADALAT CC. The placebos subtracted rate is approximately 8% at 30 mg, 12%
at 60 mg and 19% at 90 mg daily. This edema is a localized phenomenon, thought be
associated with vascidiation of dependent arterioles and small blood vessels and not due
to left ventricular dysfunction or generalized fluid retention. With patients whose hyper-tension is complicated by congestive heart failure, care should be taken to differentiate
this peripheral edema from the effects of increasing left ventricular dysfunction.

Haformation of Preferents: ADALAT CC is an extended release tablet and should be

Information for Patients: ADALAT (C is an extended release tablet and should be swallowed whole and taken on an empty stomach. It should not be administered with food. Do not chew, divide or crush tablets.

swaindward winder and taken of in a renipty stormact. In Shoution to be aniministered with rood. Do not chew, divide or crush tablets.

Labaretery Tests: Rare, usually transient, but occasionally significant elevations of enzymes such as alkaline phosphotase, CPK, LDH, S607, and S6Pf have been noted. The relationship to nifedipine therapy is uncertain in most cases, but probable in some. These laboratory abnormalities have rarely been associated with clinical symptoms; however, holestasis with or without joundie has been reported. A small increase (<5%) in mean alkaline phosphatase was noted in patients treated with ADALAT (C. This was an isolated finding and it rarely resulted in values which fell outside the normal range. Rare instances of allergic hepatitis have been reported with nifedipine treatment. In controlled studies, ADALAT (C. did not adversely affect serum uric adi, gluoses, cholesterol or potossium. Mifedipine, like other calcium channel blockers, decreases platelet aggregation in witro. Limited clinical studies have demonstrated a moderate but statistically significant dicrease in platelet aggregation and increase in bleeding time in some nifedipine patients. This is thought to be a function of inhibition of calcium transport across the platelet membrane. No chinical significance for these findings has been demonstrated. Positive direct Combis' test with or without hemolytic amenium has been reported but a causal relationship between nifedipine administration and positivity of this luboratory test, including hemolysis, could not be determined.

Although riddipine has been used safely in patients with ranal dysfunction and has been

Although rifedipine has been used safely in patients with renal dysfunction and has been reported to exert a benefitial effect in certain cases, rare reversible elevations in BUN and serum creatinine have been reported in patients with pre-existing chronic renal insufficiency. The relationship to nifledipine therapy is uncertain in most cases but probable in some. Drug Interactions: Beta-adrenergic blocking agents: (See WARNINGS).

ADALAT CC was well tolerated when administered in combination with a beta blocker in 187 hypertensive patients in a placebo-controlled clinical trial. However, there have been accessional literature reports suggesting that the combination of nifedipine and beta-adrenergic blocking drugs may increase the likelihood of congestive heart failure, severe hypotension, or exacerbation of angina in patients with cardiovascular disease. Digitals: Since there have been isolated reports of patients with elevated digoxin levels, and there is a possible interaction between digoxin and ADALAT CC, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing ADALAT CC to avoid possible over- or under-digitalization.

to avoid possible over- or under-digitalization.

Cournain Anticoqualunts: There have been rore reports of increased prothrombin time in patients taking coumarin anticoagulants to whom nifedipine was administered. However, the relationship to nifedipine therapy is uncertain. However, the relationship to nifedipine therapy is uncertain. Delivere have been rare reports of an interaction between quinidine and nifedipine (with a decreased plasma level of nifedipine and the AUC may increase in the presence of amelidine. Ramitaline produces smaller non-significant increases. This effect of cimeridine may be mediated by its known inhibition of hepotic cytochrome P-450, the enzyme system probably responsible for the first-pass methodosim on infedipine. If nifedipine therapy is initiated in a patient currently receiving cimetitine, curvious throno is advised. Correinanceses: Mutaneses: M

Carcinogenesis, Mutagenesis, Impairment of Fertility: Nifedipine was odministered orally to rats for two years and was not shown to be carcinogenic. When given to rats prior to mating, nifedipine caused reduced fertility at a dose approximately 30 times the maximum recommended human dose. In vivo matagenicity studies were negative.

me maximum recommended numon dose. In vivo mutageniciny studies were negative. Pregnancy: Pregnancy: Category C. In rodents, robbits and monkeys, nifedipine has been shown to have a variety of embryotoxic, placentotoxic and feotoxic effects, including stunted februse; (rats, mice and robbits), digital anomalies (rats and robbits), rich deformities (ricke), chief placet (ricke), small placents and underdeveloped choicinic ic villi (mankeys), embryonic and fetal deaths (rats, mice and robbits), prolonged pregnancy (rats, not evaluated in other species), and decreased neanatal survival (rats, not evaluated in other species). On a mg/kg or mg/m² bests, some of the doses associated with these various effects are higher than the maximum recommended human dose and some are lower, but all are writhin an order of magnitude of it.

The digital anomalies seen in nifedipine-exposed rabbit pups are strikingly similar to those seen in pups exposed to phenytoin, and these are in turn similar to the phalongeal deformities that are the most common malformation seen in human childran with in utero exposure to phenytoin.

There are no adequate and well-controlled studies in pregnant women. ADALAT CC should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Nursing Mothers: Nifedipine is excreted in human milk. Therefore, a decision should be made to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Importance or the origin of the moment.

ADVERSE EXPERIENCES: The incidence of adverse events during treatment with ADALAT CC in doses up to 90 mg daily were derived from multi-center placebe-controlled clinical trials in 370 hypertensive patients. Atenolol 50 mg once daily was used concomitantly in 187 of the 370 patients on ADALAT CC and in 64 of the 126 patients on placebo. All adverse events reported during ADALAT CC merapy were tabulated independently of their causal relationship to medication.

The most common adverse event reported with ADALAT® (C was peripheral edema. This was dose related and the frequency was 18% on ADALAT (C 30 mg daily, 22% on ADALAT (C 60 mg daily and 29% on ADALAT (C 90 mg daily versus 10% on placebo.

Abback Ce bing John 27% officiable CC bing pay Pessos 17% on Indicaso.

Other common adverse events reported in the obove placebo-controlled trials include:
Headache (19%, versus 13% placebo incidence); Flushing/heat sensation (4%, versus 9% placebo incidence); Dizziness (4%, versus 2% placebo incidence); Fusique/osthenia (4%, versus 4% placebo incidence); Sussea (2%, versus 1% placebo incidence); Constipation (1%, versus 0% placebo incidence);

Where the frequency of adverse events with ADALAT (C and placebo is similar, causal relationship cannot be established.

resumonsing control estimates as estimates. The following odverse events were reported with an incidence of 3% or less in daily doses up to 90 mg:

Bady as a Whele/Systemics chest pain, leg pain Central Nerveus System: poresthesis, vertigo Dermatologics: rash Gustrointestimal: constipution Musculoskeletal: leg cromps Respiratory: epistaxis, rhinitis Urogenital: impotence, urinary frequency Other adverse events reported with an incidence of less than 1.0% were:

Other adverse events reported with an incidence of less than 1.0% were:

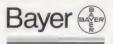
Bedry as a Whole / Systemaic refluitirs, chills, facial edema, neck pain, pelvic pain, pain Cardiovascular: afrial fibrillation, bradycardia, cardiac arrest, extrasystole, hypotension, polipitations, phlebitis, postural hypotension, tochycardia, cutoneous anglericases Centrel Nervees Systeme anxiety, confusion, decreased libido, depression, hypertonia, insomnia, samnolence Dermatelogic: pruritus, sweating Gastrointestinale badominal pain, diarrhea, dy mouth, dyspepsia, esophagitis, flatulence, gastrointestinal hemorrhage, vomiting Hematologic: lymphodenophym Metabolic: gout, weight loss Masculoskeletel: arthralgia, arthritis, myalgia Respiratery: dyspnea, increased cough, rales, pharyngitis Special Seeses: abnormal viston, amblyopia, conjunctivitis, diplopia, linnitus Uragental/Reproductive: kidney calculus, nocturia, breast engorgement

The following adverse events have been reported rarely in patients given nifedipine in other formulations: allergenic hepatitis, alopecia, anemia, arthritis with AMA (+), depression, erythromeloligia, exfoliative dermatitis, tever, gingival hyperplasia, gynecomastia, leukopenia, mood changes, muscle cramps, nervosness, paranoid syndrome, purpura, shakiness, sleep disturbances, synope, taste perversion, thrombocytopenia, transient blindness at the peak plasma level, tremor and urticaria.

PZ500025BS 6/95 © 1995 Bayer Corporation 5387 Printed in USA

References: 1. IMS NPA+, January 1996. 2. Glasser SP, Ripa SR, Allenby KS, Schwartz LA, Commins BM, Jungerwirth S, on behalf of the Nifedipine Study Group. The Efficacy and Safety of Once-Daily Nifedipine Administered without Food: The Coat-Core Formulation Compared with the Gastrointestinal Therapeutic System Formulation in Patients with Mild-to-Moderate Hypertension. Clin Ther. 1995;17(2):296-312. 3. Glasser SP, Jain A, Allenby KS, Shannon T, Pride K, Pettis PP, Schwartz L, MacCarthy EP, and the Nifedipine Study Group. The Efficacy and Safety of Once-Daily Nifedipine: The Coat-Core Formulation Compared with the Gastrointestinal Therapeutic System Formulation in Patients with Mild-to-Moderate Diastolic Hypertension. Clin Ther. 1995;17(1):12-29

4. Adalat<sup>e</sup> CC Product Monograph, April 1995. 5. Redbook Update. Montvale. NJ. Medical Economics Data, Inc., June 1996.



**Pharmaceutical** Division

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at the close of this legislative session, we will have experienced divided government for 45 out of the past 50 years!

Democratic control of the state House will not mean a retreat from GOP policy changes, but rather more temperate and slower- paced change. Democrats do not have the weaponry to reverse tort and medical liability reforms, the school finance revolution, the enormous reorganizations of the executive departments, the phase-out of the intangibles tax, and many other Engler-led changes. But we have passed from a political phase of seismic policy change to incremental change.

In keeping with this shift, look for legislation that gives consumers and employers more information about providers and health plans. The move to full-capitation Medicaid managed care will continue, but with oversight of the successful bidders—and managed care organizations in general—will also continue. Both consumer information and managed care systems are potentially bipartisan issues, as is the scrutiny of forprofit hospital systems that wish to enter the Michigan market. Finally, do not be surprised if Governor Engler proposes an expansion of Medicaid coverage for children at or below 185 percent of poverty. The so-called Healthy Kids program was part of his 1997 budget, but it was dependent on the block granting of Medicaid. Even though such a federal move is highly unlikely, a kinder, gentler Engler may want to move more to the political center, just as the electorate did in November.

Heady, rightly, as the Democrats are these days, they know that the 1998 elections offer little security to their well-earned 1996 gains. Sixty-seven state representatives cannot run again. Whenever an incumbent is not on the ballot, the chances of a partisan take-away of the seat escalate dramatically. In 13 of those 67 cases, Democrats hold seats in which the natural or base Democratic vote is less than 55 percent. Seven other Democrats (Brewer, LaForge,

Bogardus, Callahan, Brown, Schauer, and Frank) are eligible to seek reelection, but also represent marginal districts. Only six Republicans, all term limited, hold districts in which the base Republican vote is less than 55 percent. In the law of averages, Republican chances of regaining control of the House are very good.

# Conclusion

Centrist and comfortable voters expressed support for divided government in Washington, D.C. and Lansing. As William Safire noted, the elections evidenced something similar to cops surrounding criminals' hangout, yelling "Freeze!" In the political sense, voters told politicians to stay in place, stay the course, but be careful.

In terms of health care and human services policies, I look for marginalized and incremental change. Politicians in Washington, D.C. and Lansing will be wary of getting too far in front of the public opinion parade. The checks and balances of government are there in bipartisan spades to keep the pace slow and cautious.

In modern times, the federal and state legislative bodies may never have been so conservative in nature. But very likely, they will be anything but subservient to the wills of their chief executives.

Craig Ruff is president of Public Sector Consultants, a public policy research firm in Lansing.

# Asuncion Luz, MD

Physician focuses on aiding children

By Jacquie Sewell

Ovember 17 was the 65<sup>th</sup> birthday of Asuncion Q. Luz. "I've never been 65 before," the Adrian pediatrician said with a laugh, "so I don't know what it's supposed to feel like. I still feel the same. I still feel strong."

She feels so strong in fact, that her staff has threatened to give her something to slow her down. So, although she has started making preparations for it, retirement is still several years down the road.

"Serving others" would be an appropriate synopsis for the professional and personal life of Asuncion Luz, MD. Her schedule book is evidence of her commitment to her belief that "each member of a community should do their

part", a belief that led to her involvement with the Child Abuse and Neglect Council of Lenawee County. "I saw the need for someone to be involved in helping prevent child abuse," she said. "When I worked in Washington, D.C., I saw a lot of child abuse. I think that sensitized me to it."

As a consulting pediatric physician for the Lenawee County Child Abuse and Neglect

Council, Doctor Luz provides valuable advice, and even medical services, when needed. She also serves as a Pediatric Consultant for the Sexual Abuse Task Force which evolved from the Child Abuse and Neglect Council.

"The Task Force," Doctor Luz explained, "is a group of professionals that deals with sexually abused children. We are involved in educating the public, through presentations and workshops at places like schools, the Health Department, and the Medical Society."

Head Start also benefits from Doctor Luz's commitment to public service. "If they have a medical problem," she said, "they can call me for a consul-

tation." She also meets with the local Head Start board several times a year to review and formulate policies.

Doctor Luz grew up in the Philippines. She was a child during World War II, and though the war interrupted her education for a short time, she was able to finish school on schedule. After earning her Associate in Arts degree at the University of Santo Tomas in Manila, she was accepted into medical school in 1951. Her decision to become a physician was influenced by her oldest brother, a doctor, whom she loved and respected.

Doctor Luz came to the United States in 1958 as part of an intern exchange program at Luther Hospital in Eau Claire, Wisconsin. After completing her internship and residency in the States, she returned to the Philippines where she opened a small private practice and worked for several years as a Civilian Medical Officer for the U.S. Air Force.

When she returned to the United States in 1967, she brought her mother, now 90, and her sister, who has a physical disability, to live with her. In 1970, she went into private practice in Adrian, Michigan, specializing in Pediatrics and Pediatric Allergy.

"I didn't want to live in a big city," she explained. "Adrian is a good town. You can get to be a part of it, get rooted in it, and it's easily accessible to the larger cities. Many doctors come here thinking they'll leave soon but most stay on, even after retirement."

Balancing her responsibilities as homemaker, physician, mother, and daughter has always been the most challenging part of Doctor Luz's



Asuncion Q. Luz, MD



Asuncion Luz, MD, third from left, front row and children at the 1992 Asthma Camp.

career. Living in a small town makes that more manageable. Living one mile from her office is also a great asset. "That way, if I'm needed at home," she said, "I can just go."

Doctor Luz splits her time almost equally between pediatrics and treating children with allergies. "Being an allergist is like being a detective," she said. "It involves finding clues from a variety of sources. We do skin tests, medical histories, family histories . . . The key, though, is to follow up with the patient, to see how he responds to treatment. Some cases are easy, some are more difficult, but being a part of a person's life and helping to make them well gives me a great sense of accomplishment."

Each summer Doctor Luz looks forward to going to camp. Ten years ago, Doctor Luz helped start a three-day camp for asthmatic children, known as Camp Breezy. She volunteers to stay one night at Hayes State Park and a pulmonologist volunteers the other night. Though not a camper, she has as much fun as any of them.

"We do all the regular camp activities," she said, "plus some special ones. One year we tiedyed shirts, another year we had a cartoonist come and teach us drawing. By the end of camp, we were all artists!"

The rest of her free time during the summer is devoted to her garden. "I enjoy growing flowers," she said. "Next summer, a friend is going to share some of her herbs with me. Herbal

medicine is often used in the Philippines, so I am interested in learning more about it."

Her other hobby is collecting things, especially antiques and art glasses. "I also collect Precious Moments figurines, books and Hummels," she said.

But the lion's share of Doctor Luz's time and energy go to her family, - her immediate family, (she has a son and two grandchildren, and is raising her six year old great-niece), and the extended family that comes with a pediatric practice. "You really feel like a part of your patient's family," she explained. "You watch them grow up. I have seen many of my patients since they were born. Some, who don't like to cut the apron strings, come for their check ups when they're home from college. And some are now bringing their own children to me."

Genuine concern for her patients is one of the things Doctor Luz's staff appreciates most about her. "She really cares about what she does and the people she's doing it for," said Office Manager, Cindy Fay. "No matter what time of day they call, Doctor is available for them. They're the reason she became a doctor."

When asked if she has any regrets about choosing a career in medicine, Doctor Luz is quick to reply. "None at all. I think it is still a good profession. It's a noble profession that allows you to help the people in your community." And that is something the good doctor knows a lot about.

"I have seen many of my patients since they were born, Some. who don't like to cut the apron string, come for their checkups when they're home from college. And some are now bringing their own children to me." -Asuncion Luz, MD

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# ASK OUR LAWYER

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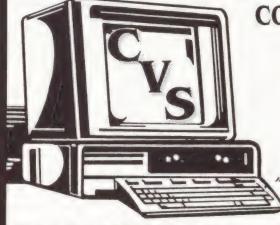
ment due to sexual harassment by supervisors or co-workers only if the employer, or association, through its agents or supervisors, knows or should have known of the conduct. or unless it can show that immediate and appropriate corrective action was taken.

A sexually hostile environment is sexual not because it necessarily involves or invites sexual activity, but because the offensive conduct is based on the victim's sex. In contrast to the quid pro quo sexual harassment claim, the hostile environment claim is that the individual has been reguired to endure a work environment that, while causing no direct economic harm, can cause psychological or emotional harm or otherwise unreasonably interfere with the individual's job performance.

A carefully thought-out sexual harassment policy is necessary for

employers to protect against liability for such claims. An essential part of such a policy is a clear procedure for reporting and responding to claims of sexual harassment. A sexual harassment policy should be drafted with the assistance of competent legal counsel.

Mr. Weber is the senior partner of Kerr, Russell & Weber, PLC.



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# **Newsmakers**

Robert Welch, MD, will serve as chair of the Department of Obstetrics and Gynecology at Providence Hospital and Medical Centers. The Plymouth OB/GYN is a clinical instructor at Wayne State University Medical School and is a member of the AMA and the Society of Perinatal Obstetricians.

Anthony Southall, MD, Southfield, received the Ronald L. Krome, MD Meritorious Service



Award. The chief of emergency medicine at St. John Hospital and Medical Center received the award for pursuing ex-

cellence in the principles and practices of Emergency Medicine. Doctor Southfield sits on the Finance Committee for the American College of Emergency Physicians-Michigan Chapter and is a member of the AMA, MSMS and the American College of Emergency Physicians. He is also a clinical instructor at Wayne State University Medical School.

Feroze Momin, MD, Troy, has been appointed medical director of bone marrow transplants at Oakwood Healthcare System in Dearborn. The former senior staff bone marrow transplant physician at Henry Ford Hospital will now be responsible for developing Oakwood's clinical and administrative aspects of the Bone

Marrow Transplant Program. Doctor Momin is a member of MSMS.

Linda Peterson, MD, and Lynn Hughes, MD, have been appointed medical directors for Michigan Capital Healthcare's Behavioral Health Services Division. Doctor Peterson, a Lansing psychiatrist in private practice, is a member of MSMS. Doctor Hughes practices psychiatry with Michigan Capital Mental Health in Okemos.

Kenneth H. Musson, MD, MSMS board member, has been appointed to the Board of Governors



of the American College of Surgeons as a Specialty Society Governor from the American Academy of Ophthalmology.

As one of the governors, Doctor Musson, a Traverse City ophthalmologist, will serve as a communication facilitator for the College's divisions of leadership. Doctor Musson has also served as an MSMS House delegate, as Grand Traverse County Society President and is a member of the American Academy of Ophthalmology, the American College of Surgeons and the Michigan Ophthalmology Society.

Edwin M. Wright, MD, received the 1996 Spirit of St. Vincent Award. Doctor Wright, a Saginaw radiologist, is a diplomat of the American Board of Radiology and fellow of the American College of Radiology. He has served as the Saginaw County Medical Society president and is a member of the Radiological Society of North America and the American College of Radiology.

Nikolay Dimitrov, MD, was honored by the American Cancer Society for helping advance early breast cancer detection initiatives. Doctor Dimitrov, an East Lansing internal medicine and hematology specialist, was the 1994 recipient of the Jack Breslin Endowed professorship in Hematology/Oncology at Michigan State University. He serves as the clinical oncology program leader for the MSU Cancer Center.

# **Obituaries**

Internal Medicine specialist Eldean G. Betz, MD, died October 12. He was 79. Doctor Betz, Portage, was a University of Michigan Medical School graduate. Soon after graduating, he served in the medical military, then took a position with Bronson Methodist Hospital and Borgess Hospital in Kalamazoo. He was a member of the American Medical Association, MSMS, the Kalamazoo Academy of Medicine and the Michigan Alumni Association.

Anesthesiologist Thomas E. DelGiorno, MD, Mecosta died May 1. He was 78. Doctor DelGiorno attended the State University of New

# PEOPLE

York Medical School. He was a member of the American Medical Association, MSMS and the American Association of Retired People.

Past president of Lenawee County Medical Society William C. Gilkey, MD, Adrian, died May 1. He was 68. The OB/Gyn graduated from the University of Pennsylvania Medical School. He was a member of the American Medical Association, the American College of Obstetricians & Gynecologists, MSMS and the Michigan Society of Obstetricians. He also volunteered for Goodwill.

One of the founding medical members of Sinai Hospital, Maurice J. Hauser, MD, died September 18. He was 86. Doctor Hauser graduated from the University of Michigan Medical School in 1935, then served six years with the army. In 1955, the Southfield ophthalmologist was paralzyed when he contracted poliomyelitis; overcoming this change, he continued serving his patients for 39 years. In 1992, he received a special certificate of appreciation from the Michigan Department of Education, Division of Vocational Education and a Distinguished Career Award from the Michigan Rehabilitation Conference. He was a member of the American Medical Association, the American Board of Ophthalmology, the American Academy of Ophthalmologists & Otolaryngologists, the American College of Surgeons,

MSMS, the Wayne County Medical Society and the Detroit Ophthalmological Society.

Pathologist Dorin L. Hinerman, MD, Chelsea, died April 30. He was 82. Doctor Hinerman was a University of Michigan Medical School graduate who was a member of the American Association of Pathologist & Bacteriologists, the American Society of Clinical Pathologists, the College of American Pathologists, the International Academy of Pathology and the New York Academy of Sciences.

Orthopedic Surgeon Joseph W. Shurmur, MD, Dearborn Heights, died July 9. He was 53. Doctor Shurmur, a University of Michigan Medical School graduate, worked at Oakwood, Harper and Children's hospitals while also teaching orthopedic surgery for Wayne State University. He was a member of the American Medical Association, the American Academy of Orthopedic Surgeons, Michigan Orthopedic Surgery and the Detroit Academy of Orthopedic Surgeons.

Albert H. Meinke, III, MD, Kewadin, died October 8. He was 49. A University of Michigan Medical School graduate, he returned to his hometown of Eaton Rapids where he operated the Eaton Rapids Medical Clinic for eight years. He was a fellow of the American College of Surgeons.

Co-chair for the 1997 MSMS Maternal Health Conference Sidney H. Bottoms, MD, died November 10. He was 46. The Detroit Ob/Gyn graduated from the University of Florida Medical School. He was an assistant professor at Wayne State University and a member of the Society of Perinatal Obstetricians, the American Society of Ob/Gyn, Wayne County Medical Society and MSMS.

# **New Members**

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Tariq Akbar, MD, Port Huron Kwabena Appiah, MD, West Bloomfield

Bradley R. Bartos, MD, Farmington Hills

Eliezer Basse, MD, Farmington Hills Alejandro G. Biglione, MD, Weidman

Thomas M. Glok, MD, Kalamazoo Stephen C. Bloom, DO, Grand Rapids

Sandra M. Bronni, MD, Battle Creek

continued on next page

Stephen R. Brown, MD, Grand Rapids Russel V. Brubaker, MD, Grand Rapids Lisa L. Cardwell, MD, Southfield George J. Carley, Jr., DO, Port Huron Aaron K. Clark, MD, Port Huron Peter J. Clive, MD, Ft. Gratiot Eric R. Cornish, MD, Alpena Scott B. Davidson, MD, Kalamazoo Rodames D. Dedicatoria, MD, Saginaw James R. Ellis, MD, Grand Rapids Roche J. Featherstone, MD, Traverse City Mark W. Fender, MD, Greenville Forrest B. Fernandez, MD, Port Hu-Jeff Fletcher, MD, Roseville James Fontanesi, MD, Detroit John A. Freeby, MD, Kalamazoo Julia Frei, DO, Marquette Andrew J. Gordon, MD, Battle Creek Yuki A Hammers, MD, Grand Rap-Shirley A. Harding, DO, East Lansing

Keith Harris, MD, Southfield

Eric J. Hartman, MD, Port Huron

Philip M. Hutchison, DO, Owosso

Gerald J. Jerry Jr., MD, Port Huron

Shin Young Kang, MD, Bloomfield

Srinivasa R. Kodali, MD, West

Patricia Kolokziej, MD, Battle Creek

Marcia K. Liepman, MD, Scotts Paula Lunde, MD, Kalamazoo

In-Chae Jang, MD, Port Huron

Tsveti P. Markova, MD, Pontiac Mitchell S. McClure, Royal Oak Mary Beth Miller, DO, Okemos Robin Moherek, MD, Port Huron Gary Moranville, MD, Traverse City Mark S. Munro, MD, Traverse City Igor Nedic, MD, Marysville Nilofer Nisar, MD, Garden City Timothy J. O'Rourke, MD, Grand Rapids Vicente C. Pacheco, MD, North Muskegon Vijay N. Patel, MD, Farmington Henri Pierre-Jacques, Southfield Jeffrey A. Potts, Clawson Dino Recchia, MD, Traverse City Kimberlee C. Recchia, MD, Traverse City Ramon N. Roco, MD, Troy Pamela Sanchez, MD, Kalamazoo Inpeswaran Sathianathan, MD, East Lansing Susan Schooley, MD, Detroit Tracy A. Scott, Southfield Behrooz "Bruce" Shabahang, MD, Grand Rapids Urvish Shah, MD, Okemos Batool Shaikh, MD, Port Huron Brian D. Sklar, MD, Dearborn Elizabeth D. Somerset, MD, Grosse Pte. Woods Mark S. Soverinsky, MD, Walled Lake Ernest J. Spirito III, MD, Kalamazoo John C. Strainer, MD, Muskegon Eric M. Sweterlitsch, MD, Saginaw

Edward E. Vivoda, MD, Marysville

John F. Walling Jr., DO, East Lan-

James A. Wheeler, MD, Kalamazoo

John L. Williams, MD, West Bloomfield Gerard K. Williams, MD, Southfield Timothy A. Wright, MD, West Bloomfield Charles H. Wyatt, MD, Port Huron Stephen T. Wysong, MD, Kalamazoo Louinda V. Zahdeh, MD, Pontiac Jeffrey E. Zapawa, Allen Park Feng Zhang, Canton

Hills

Bloomfield

# SOCIETY NEWS

# 1996 Annual Scientific Meeting provides CME variety



The 1996 MSMS Annual Scientific Meeting drew physicians from around the state to two-and-a-half days of special events and Category I CME courses at the Lansing Center, Lansing. Among the special events were receptions for Wayne State and University of Michigan medical alumni, retirement planning seminars by Smith Barney, and business meetings of occupational medicine and colon/rectal specialists. Co-chairs Tama D. Abel, MD, left, and Kamran Moghissi, MD, offered courses on anaphylaris, antibiotic-resistant diseases, stress management, among others.

At the Legislative Breakfast Thursday morning at the opening of the Annual Scientific Meeting, Carol Isaacs, director, Health Legislation and Policy Development, Michigan Department of Community Health, introduces herself.



International College of Surgeons - Michigan Division

# ANNUAL SCIENTIFIC SESSION

February 19, 1997 • 8:00 a.m. - 3:30 p.m. • Sinai Hospital • Zuckerman Auditorium • 6767 West Outer Drive • Detroit, Michigan

### PROGRAM DIRECTORS

Eduardo Phillips, M.D., F.A.C.S., F.I.C.S., President, International College of Surgeons, Michigan Division, Chairman, Department of Surgery, Sinai Hospital, Detroit, MI, Clinical Assistant Professor of Surgery, Wayne State, Detroit MI

Andrew Saxe, M.D., F.A.C.S., F.I.C.S., Secretary /Treasurer, International College of Surgeons, Michigan Division, Section Chief, Endocrine Surgery, Program Director, Department of Surgery, Sinai Hospital, Detroit, MI, Clinical Assistant Professor of Surgery, University of Michigan, Ann Arbor, MI

### GUEST SPEAKERS

Ian Jackson, M.D., D.CS (hon.), F.R.C.S., F.R.A.C.S., Chief, Division of Plastic Surgery; Providence Hospital, Southfield, MI LECTURE: Craniofacial Reconstruction

Timothy C. Fabian, M.D., F.A.C.S., Professor and Deputy Chairman of Surgery, Director of Trauma, University of Tennessee at Memphis, Memphis, TN LECTURE: Difficult Abdominal Wound Closure

Constantine P. Karakousis, M.D., Ph.D., Chief, Soft Tissue-Melanoma, Professor of Surgery, State University of New York at Buffalo, Director, Surgical Oncology, Millard Fillmore Hospital, Buffalo, NY

LECTURE: Current Management of Malignant Melanoma

David Wisner, M.D., Professor of Surgery and Cheif of Trauma, University of California, Davis Medical Center, Sacramento, CA LECTURE: New Approaches to the Initial Management of the Trauma Patient

Nathan Kaufman, M.D., Chairman, Radiation Oncology, Sinai Hospital, Detroit, MI and Michael Lutz, M.D., Section Chief, Urology, Department of Surgery, Sinai Hospital, Detroit, MI

LECTURE: Advances in the Diagnosis and Management of Prostate Cancer

Susan Wang, M.D., M.P.H., Medical Epidemiologist, Centers for Disease Control and Prevention, Atlanta, GA LECTURE: Transmission of AIDS in the Health Care Setting

**OBJECTIVES:** This program is designed to update knowledge in current issues in Surgery. It is open to physicians, residents and other interested health care professionals.

**CREDIT HOURS:** The International College of Surgeons - United States Section is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. The International College of Surgeons - United States Section designates this continuing medical education activity for 6 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

**REGISTRATION FEE:** \$100 for physicians; \$50 for other health care professionals. There is no charge for residents or fellows of ICS to attend. Complimentary valet parking is available at the Zuckerman Auditorium Entrance off of West Outer Drive.

TO REGISTER OR FOR MORE INFORMATION, CALL SHERI WALDMAN, SINAI HOSPITAL, 313-493-5279

# EDUCATIONAL OPPORTUNITIES

Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I CME credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. In the listing below, of programs that carry at least three hours of Category I credit, a contact is indicated so the physician can obtain additional information. Other educational opportunities of interest to physicians are also listed.

# January

28, Bar-Levav Educational Association Ongoing Seminar Series "It's Not Always Mother's Fault: Inborn and Other Defects in the Newborn's Capacity to be Calmed." Location: Southfield. Contact: Lester Potempa, DO, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075, (810)353-5333. No registration fee. Approved for: 6 Category 1 credits.

**February** 

4, Bar-Levav Educational Association Ongoing Seminar Series "It's Not Always Mother's Fault: Inborn and Other Defects in the Newborn's Capacity to be Calmed." Location: Southfield. Contact: Lester Potempa, DO, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075, (810)353-5333. No registration fee. Approved for: 6 Category 1 credits.

7-9, 1997 Midwest Clinical Conference. Location: Navy Pier, Chicago, IL. Contact: Eileen Joschko, Director of Education, Chicago Medical Society, 515 N Dearborn, Chicago, IL 60610, (312)670-2550. Registration fee: CMS members - \$85 by Dec. 6; Nonmembers - \$160 by Dec. 6; CMS members - \$100 by Feb. 4; Nonmembers - \$175 by Feb. 4; On-site registration is \$15 more for each

group. **Approved for:** 18 Category 1 CME credits.

11, "Emergency Response to Peacetime Equivalent Releases of Chemical/Biological Agents." Location: Clark Conference Center, St. Lawrence Hospital, Lansing. Contact: Haz-Chem Safety Services at (517)323-3330 or at HCSS@aol.com. Registration fee: Advance registration only is \$165.00. Approved for: 8 Category 1 credits.

11-13, Interventions to Prevent HIV Risk Behaviors. Location: Natcher Conference Center, The William H. Natcher Building, National Institutes of Health, Bethesda, MD. Contact: Conference Registrar Technical Resources Internaitonal, Inc., 3202 Tower Oakds Boulevard, Rockville, MD, 20852; Phone (301) 770-0610, Fax (301) 468-2245, Email: confdept@tech-res.com. No registration fee. Approved for: 14 Category 1 CME credits.

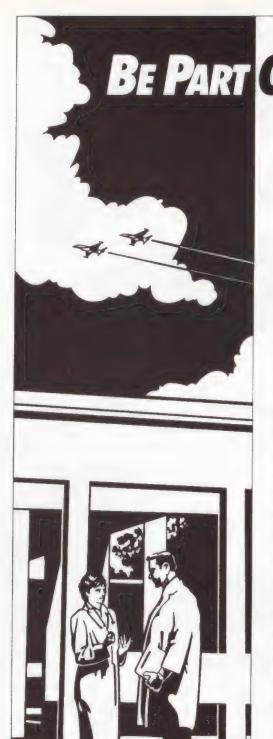
20-21, Burn Care Today. Location: Holiday Inn East, St. Paul, MN. Contact: Health Partners, St. Paul-Ramsey Medical Center, Continuing Medical Education, Ramsey Foundation, 640 Jackson St., St. Paul, MN 55101, (612) 221-3992. Approved for: 13 Category 1 credits.

20-23, Current Issues in Gynecologic Endoscopy. Location: The Resort at Squaw Creek, Squaw Valley, CA. Contact: American Association of Gynecologic Laparoscopists, 13021 E. Florence Ave., Santa Fe Springs, CA 90670-4505, (800)554-2245, Fax (310)946-0073, E-mail: 102254.3033@Compuserve.Com. Approved for: 12 Category 1 credits. Registration fee: AAGL member - \$500; Non-member - \$550.

23-27, Intensive Drug Development and Regulation Course. Sponsored by: Tufts University Center for the Study of Drug Development and the American Society for Clinical Pharmacology and Therapeutics. Location: Ritz-Carlton Hotel, Boston, MA. Contact: Toni Snow at (617) 636-0187. Approved for: 26 Category 1 credits. Registration fee: \$1500, including a \$100 non-refundable deposit.

## March

3-6, 13<sup>th</sup> Annual Cardiovascular Conference at Lake Louise. Location: Lake Louise, Alberta, Canada. Contact: American College of Cardiology, Attn: EP, PO Box 79231, Baltimore, MD, 21279-0231, Phone 1-800-253-4636. Approved for: 17.5 Category 1 credits. Registration fee: ACC members - \$450 by Feb. 17; Non-members \$545 by Feb. 17. Registration is on-site only after Feb. 17 and \$50 more.



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# **MSMS** Meetings

# **February**

28-March 1, MSMS Joint Section Meeting. Location: Ritz Carlton Hotel, Dearborn. Contact: Judy Marr at MSMS at (517)336-5744.

## March

- 3. MSMS Maternal Health Conference. Contact: Sarah Cressman at MSMS at (517) 336-5727.
- 5, MSMS Board of Directors Meeting. Location: MSMS Headquarters, East Lansing. Contact: Irene Frost at MSMS at (517)336-5734.
- 19-21, Maternal and Perinatal Health Meeting. Location: Dearborn Inn. Contact: Sherry Fent at MSMS at (517) 336-5730.

# May

- 2-4, 1997 MSMS House of Delegates. Location: Grand Traverse Resort, Traverse City. Contact: Donna Brown at MSMS at (517)336-5735.
- 19, Health Education Foundation Golf Outing. Location: Lansing Country Club. Contact: Judy Marr at MSMS at (517)336-5744.

# **AMA Meetings**

# January

8-12, AMA Annual State Legislation Conference. Location Palm Desert Marriott. ContactGreg Aronin at MSMS.

# March

16-19, AMA 1997 Leadership Conference. Location: Marriott Hotel, Philadelphia, PA. Contact: Kevin A. Kelly at MSMS at (517) 336-5743.

### June

22-26, AMA Annual Meeting. Location: Hyatt Regency, Chicago, IL. Contact: Judy Marr at MSMS at (517) 336-5744.

# **Michigan Specialty Society Meetings**

# January

- 30, Michigan Vascular Society. Location: Novi Hilton, Novi. Contact: Vascular Associates, PC, attn: Joan Elliott at (616)459-8700.
- 31-Feb. 2, Michigan Society of Medical Assistants Midwinter Seminar. Location: McCamly Plaza Hotel, Battle Creek. Contact: Sue Storey, CMA-C, 2336 Ramblewood Dr., Kalamazoo, MI 49009.

# February

- 1-6, Michigan Society of Anestesiologists Winter Meeting. Loaction: Puerto Vallarta. Contact: Jennifer Anibal at (517) 336-7595.
- 14-16, AAMA Board of Trustees Meeting. Location: Chicago. Contact: Caroline Kimmel at MSMS at (517) 337-7587.

## March

12, Michigan Allergy and Asthma Society Scientific Meeting. Location: Novi Hilton. Contact: Jennifer Anibal at MSMS at (517) 336-7595.

# **April**

9-11, 38th Annual Michigan Patient Accounting Association Conference. Location: Dearborn Inn, Dearborn. Contact: Douglas A. Headman, Chair-Exhibitor Committee at (800)866-6228.

25-28, MSMA Convention, Location: Dearborn Inn. Dearborn. Contact: Caroline Kimmel at MSMS at (517) 337-7587.



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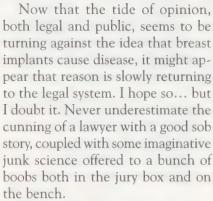
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# Junk science befuddles the public, legal system

Master panels should address complex scientific matters

By W. Peter McCabe, MD



Before the issue passes into that graveyard reserved for ideas that never flew, like alar and bendectin, it might be well to remember the warning that those who refuse to learn the lessons of history are bound to repeat its mistakes. In this vein, there is enough fault for all parties.

The medical profession and regulators, for starters, are not entirely without stain. Silicone implants had been used since the early 1960s, but it wasn't until nearly 30 years later, after a million or so had been implanted, that the Food and Drug Administration finally asked for safety and efficacy studies with a level of scientific rigor that the plastic surgery community should have insisted on when it first started using them.

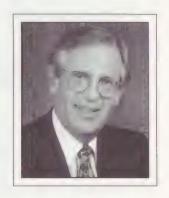
There are reasons this happened, of course. The FDA had no authority over medical devices until 1976, and this regulatory function wasn't funded and implemented until the late 1980s. Plastic surgeons, for their part, relied on poorly controlled studies that barely rose above the

level of anecdote. And when the FDA fumbled and stumbled its was through a series of advisory hearings in 1991, the stage was set not only for a media circus, but also for a series of legal loopholes through which trial lawyers could, and did, drive trucks.

The resulting uproar created anxiety in thousands of women who otherwise had excellent results, many of them after mastectomies. This uncertainty was fueled by the testimony of "experts," physicians who proposed unfounded and sometimes bizarre theories of causation which only heightened by the hysteria.

This was all grist for the litigation mill and the dysfunctional legal system off which it feeds. These bizarre, self-serving theories, "junk science" in its full flower, were offered up to often befuddled and gullible juries and accorded the same credence as New England Journal-quality studies from places like Mayo, Michigan, Harvard and Hopkins.

The boobs on the bench were no help. Judges and other authorities on the legal system have long failed to accept the scientific method, preferring arcane rules of evidence more at home in the 19<sup>th</sup> century of wigs and knickers. The results were predictable. Juries, and the public at large from which they're drawn, frequently swallowed the claims of implant patients who blamed everything from multiple sclerosis to down days on the stock market to silicone.



Finally, however, the beginnings of some sense seems to have come to the legal system. Last month a federal judge in Oregon threw out all implant cases in that state after a panel of disinterested scientists he had appointed presented him with the scientific facts.

Unfortunately things which seem to make great sense don't always appeal to the wig and knickers crowd. Actually MSMS has for years been urging courts to appoint master panels to advise judges on complex scientific matters... this was long a favorite theme of Jerry Mandel, MD, former MSMS Speaker of the House. But there was always the predictable resistance from traditionalists who could not or would not see that our legal system was designed for a simpler day long since past.

Hopefully we'll be able to drag our legal colleagues kicking and screaming into the 20<sup>th</sup> century, at least before the next millenium, which will then put them only 100 years behind the times.

Doctor McCabe is MSMS president.

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# MichiganMedicine

# COVER STORY



On the Cover: Marshall Shearer, MD, and Marguerite Shearer, MD, at home on the farm with their horse Zia Bi Bask and Tavis the dog.
Photo by Dwight Cendrowski



20

# Six Michigan couples who have found a balance

Many doctors of the past came home to a full-time wife who kept the house clean, fed the kids and stood in awe of her mate's accomplishments. But all that has changed with the emergence of the modern medical marriage. How physicians manage their personal needs, and those of their spouses and children, can be the greatest determinant of their quality of life. Michigan Medicine discusses how six physician couples have created partnerships to survive demanding schedules, complete tasks at home and still find time for each other.

By Karen Bouffard

# FEATURES

### MEDICAL ECONOMICS

# Hard work creates change and money for Medicaid physicians

Effective December 1, the Michigan Department of Community Health allowed retroactive Medicaid claims for Medicare coinsurance and deductible amounts. Are you now eligible for higher payments? If so, learn in these pages what you must do to ensure your optimum reimbursement level.

By Ralph Ward

## PHYSICIAN WELL-BEING

# Physician-patient interaction should consider mind, body and soul

Physicians who slow down and listen to their patients may help heal their patients sooner—and "heal" themselves in the process. These tips come from the recent MSMS Annual Scientific meeting course on stress management.

By Claudia Skutar

February 1997 Volume 96, Number 2

MSMS Internet Website Address: http://www.msms.org/ Celebrating 50,000 "hits" this month!

MSMS E-mail Address: msms@msms.org



# FEATURES

### PUBLIC HEALTH

## When food can kill

16

Allergists report an increase in peanut allergies since the 1970s. As the public becomes more aware, patients are bound to ask their physicians about the dangers of food anaphylaxis. To help pediatricians, family physicians, emergency physicians and other primary care practitioners respond to the questions, **Michigan Medicine** presents this article.

By Kathleen McKevitt

### VIEWPOINT

# Newspapers mislead readers about Medicare payments

30

Wayne County newspaper sources identified their county physicians as the ninth highest paid by Medicare per patient, per month. However, Susan Adelman, MD, outlines factors affecting payment which these articles neglected to discuss.

By Susan Adelman, MD

## PRACTICE MANAGEMENT

# Confidential program provides treatment to impaired health professionals 32

The Michigan Health Professional Recovery Corporation was recently awarded a \$2.1 million contract to carry out a recovery program to aid impaired health care professionals. MSMS is a partner in the new corporation, which promises to have a major impact.

By Jean K. Capriotti

### SPECIAL FEATURE

# **Board of Medicine**

34

In this interview, Harold Sauer, MD, immediate past chair of the Board of Medicine, discusses the roles and responsibilities of Michigan's physician licensing and discipline board.

By Cathy L. DeShano

## PHYSICIAN PROFILE

# Archie W. Bedell, MD

38

This family practice physician and chair of the Michigan Health Council discusses the role of future family practitioners.

By William Kendy

# DEPARTMENTS

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# LETTERS



# Reader Responds to Medical Records Issues

I believe that Mr. Weber incorrectly answered the second question in the December, 1996 Michigan Medicine "Ask our Lawyer" section. Pages 64-69 of the Physician's Guide to Michigan Law and Medical Practice Resources published by MSMS prepared in cooperation with Mr. Weber's law firm lists a number of public health laws that require release of medical information without written consent and/or a court order.

I think it would be useful to publish a clarification or an additional question to clear up Mr. Weber's response. The question could be: In addition to written authorization and or court order, under what other circumstances is a physician required to release medical records?

Kenneth D. Rosenman, MD Professor of Medicine

# Author's response:

Clearly, there are multiple exceptions to the physician-patient privilege relating to mandatory reporting by physicians. Not only are they cited in our Physician's Guide to Michigan Law, but I wrote an article on them which was published in the April 1994 issue of Michigan Medicine.

Since the question I was answering in the recent column related to the subpoena of records, as opposed to mandatory reporting which does not arise out of a subpoena context, I do not think the article is misleading. Subpoenas arise out of lawsuits and it is a common problem for lawyers to attempt to induce physicians to violate the privilege through subpoenas.

Sincerely,
Richard D. Weber
Kerr, Russell and Weber, P.L.C.

# NIAID releases Chronic Fatigue Booklet

We are pleased to share with you a revised version of a popular publication from the National Institute of Allergy and Infectious Diseases (NIAID), Chronic Fatigue Syndrome: Information for Physicians. This booklet was developed in response to the need for increased understanding among physicians and other health professionals about chronic fatigue syndrome (CFS)—a debilitating disorder that can be devastating to live with, yet difficult to diagnose and treat. The booklet provides a primer on evaluating and managing patients as well as an overview of the history, epidemiology and etiology of CFS.

For free copies, you may write to: CFS Booklet, NIAID Office of Communications (31/7A50); 31 Center Drive, MSC 2520; Bethesda, MD 20892-2520. To order or download the publication online, visit NIAID's home page at http://www.niaid.nih.gov.

Philip R. Lee, MD

Assistant Secretary for Health Department of Health and Human Services

John R. LaMontagne, PhD

Chair, CFS Coordinating Committee National Institutes of Health

### Editor's Note:

Jana Cazers, MD, Kalamazoo, is an MDPAC member. She was mistakenly left off the list of 1996 MDPAC contributors which appeared in the November Michigan Medicine.

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The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editor nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. Michigan Medicine reserves the right to accept or reject advertising copy. Products and services advertised in Michigan Medicine are neither endorsed nor warranteed by MSMS, with the exception of a few.

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#### Question:

If you hadn't been a physician, what profession would you have chosen?

Veterinary medicine. If you are born on a farm, you either work with animals, or go into politics.

Allen Turcke, MD Radiology, Flint

I originally wanted to be an astronaut but quickly outgrew the physical limitations/requirements. If I hadn't become a physician, which I wanted to become since age 11, I would like to have become a physical anthropologist or archaeologist.

Alan Mindlin, MD
Ophthalmology, Pontiac

From an early age, I wanted to be a physician, probably because of my admiration for our family physician. However, during college, I briefly flirted with the idea of a career in business for a variety of complex psychological reasons.

Louis R. Zako, MD Family Practice, Harbor Springs

I would have chosen archaeology for what I perceive as the puzzle solving process that is involved. The search for answers is common to medicine and archaeology but it lacks the pressure of time which sometimes overwhelms me in medicine. Just think no one will die if you get the puzzle wrong—you'd just have people very confused, which is our usual state anyway!

Carol Krieg, MD
Ophthalmology, Escanaba

My career choice was between becoming a physician and becoming a concert pianist. I have no regrets about choosing medicine, yet the pi-

ano remains a refuge for my soul as well as providing a creative outlet.

Harold J. Sauer, MD

Interim Chair, Department of OB/GYN Michigan State University, East Lansing

I'd have chosen an architect or designer. I have always enjoyed "creating things." In some respects, I have fulfilled this desire through my participation in organized medicine.

Fred E. Patterson, MD Radiology, Jackson

At age 15, I decided to become a doctor. After entering medical school, I decided on becoming a surgeon. I never thought of other careers and have no regrets.

Surya N. Sankaran, MD General Surgery, Tawas City

I would have been a science teacher. I was headed toward that when my principal at high school suggested I set my sights higher—go to college as pre-med. It was the same for the first and second year anyway, and if I decided not try for medical school, I could continue on with education. Great advice!

M. Gary Robertson, MD Gynecology, Grand Haven

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### Government loosens anti-trust laws

Physicians can focus energy on practice, business issues

By Richard D. Weber

Q: I have read that the government has loosened the antitrust restrictions on physician networks but I am confused as to exactly what was done. Can you explain it in simple, nonlegalistic terms?

A: The federal antitrust laws deem independent practicing physicians to be competitors. As competitors, independent practitioners are precluded from agreeing on such things as the fees they charge, managed care entities with which they contract, and markets they service. Any such agreement, whether express or implied, constitutes a per se violation of the antitrust laws. These laws do not apply to physicians who practice in the same business entity, such as a professional corporation, for the reason that the business entity is deemed to be one party.

Managed care has led to the development of physician networks. These networks are not single business entities, but they share common interests. The antitrust laws have imposed a substantial barrier to the formation and operation of physician networks.

In 1994, the Federal Trade Commission and Department of Justice (FTC/DOJ) issued antitrust "safety zones" in an attempt to provide direction. These guidelines required a dual test in order for a physician

network to fall within the safety zone: (1) The physician network had to be limited in size. Exclusive networks, where physicians agree not to participate in other networks, were limited to no more than 20 percent of the physicians in a given market. Nonexclusive networks, where physicians were free to deal independently with other networks, were limited to no more than 30 percent of the physicians in a given market. (2) The physicians in the network had to share financial risk, which was limited to capitation or substantial fee withholds. These 1994 guidelines were excessively restrictive and may have caused more harm than good. Physicians were given chilling advice that they would be at risk for a per se violation of the antitrust laws which could result in a felony conviction and substantial civil damages, if they formed a network outside of these restrictive guidelines.

In 1996, the FTC/ DOJ revised the guidelines. These revised guidelines are lengthy and complex. At the risk of oversimplification, but in the interests of brevity and clarity, these guidelines provide four significant new benefits for physicians:

#### Safety Zone Size Limits

Although the new guidelines do not change the size limits established in 1994, they provide that networks

can be substantially larger. Merely because a physician network does not fall within the safety zone in no way indicates that it is unlawful under the antitrust laws. Such arrangements may be pro-competitive and lawful, and many such arrangements have received favorable business review letters or advisory opinions from the FTC/DOJ. In fact, the guidelines refer to circumstances where networks as large as 50 percent of physicians in the relevant market are still legal.

#### Additional Risks

Additional risk factors have been added to the restrictive criteria established in 1994. Substantial rewards or penalties for utilization goals, percentage of premium arrangements and global fees or all-inclusive case rates have been added to the criteria for financial risk sharing.

#### **Clinical Integration**

Even if a physician network does not meet the financial risk criteria, the new guidelines provide that a rule of reason analysis, as opposed to a per se analysis, will apply if "clinical integration" exists. Although the definition will be the subject of future interpretation, the guidelines provide that clinical integration will be achieved if the venture is likely to provide significant efficiencies

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Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, send them to Judy Marr, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950, or fax them to (517) 337-2490 or E-mail them to jmarr@msms.org.

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#### SURFING THE INTERNET

#### New browser enhances communication

Conference discussions and scheduling among unique, new features

By William R. DeCourcy, Jr.

"Netheads" and wannabes among our MSMS members have an exciting new vehicle for travelling through cyberspace. On December 23, 1996, Netscape Communication Corporation released beta 1 of its new Internet program, Netscape Communicator. This program expands Communicator's features beyond browsing the World Wide Web and sending and receiving e-mail. The new features of Netscape Communicator include several programs known collectively as groupware, which will allow Internet users to communicate with one another in ways not seen before.

The new Internet browser features in Communicator will allow web page designers to be more precise in formatting their pages, and will support commands that will allow new types of objects to be imbedded into the World Wide Web. The icons on the toolbar have been improved, and the Back and Forward buttons now include prompts indicating what URL your browser will be directed to. The taskbar was developed to give users quick and easy access to the most commonly used functions in Communicator, It. can be used either as a floating button palette or stationed into the lower right corner. Users can move



between the two taskbar states by clicking the "N" in the upper right corner or by simply dragging it.

Prior to Communicator, users wishing to have multiple settings for different users sharing one machine had to change each preference each time they used the computer. Communicator includes support for multiple profiles, where each user can select a profile upon starting. Communicator will then display and use the bookmark and preference information appropriate to each user.

The new AutoInstall feature overcomes one of the most confusing aspects of Netscape Navigator. When Netscape encounters a type of data that it does not understand, the reason is usually a missing plug in. Plug - ins are additions to Netscape that expand its capabilities. In previous versions, obtaining plug - ins was a tedious process that required users to leave the site they were viewing and find the appropriate plug - in manually. AutoInstall now automates this process upon user command.

The new Message Center includes many improvements over its predecessor. The most notable is the integration of the Netscape Composer program into email, which makes it easy to create complex, HTML - formatted messages. E-mail handling rules can now be programmed into the Message Center, allowing you to automate routine mail tasks.

The new group applications in the program include Conference, a collaboration tool for sharing data and audio over the Net, and Collabra, a type of newsgroup program that allows users to conduct online discussions or read messages from other users. The group suite is made even stronger with the Communicator Professional Edition, which adds features that will be useful to physicians such as group scheduling and a module for central administration. These features should be available this month.

If you are interested in previewing this program, point your current Internet browser to http:// home.netscape.com/comprod/mirror/client download.html

Surfing the Internet is a monthly feature of Michigan Medicine. If you have questions regarding MSMSNET content and/or links, contact Editor of Electronic Communications Claudia Skutar at cskutar(a msms.org, or at 517-336-5748. For technical questions about MSMSNET or Voyager Information Services, contact William R. DeCourcy, Jr. at MSMS at wdecourcy (a msms.org or at 517-336-7575.

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#### Message to Medicaid physicians:

Hard work can create national changes, money in the pocket

By Ralph Ward

Medicaid policy change advocated by MSMS and prompted by successful litigation in other states allows physicians to bill Medicaid for Medicare coinsurance and deductible amounts, retroactive to December 1, 1995. The lesson to be learned from the November policy change by the Michigan Department of Community Health is that, by working together at the state level, physicians can trigger big national changes.

Under previous state policy, physicians treating low-income Medicare patients were limited to the Medicaid-allowed amount. The coinsurance and deductibles added up to a hefty loss for the physicians treating this population, who are typically primary-care providers. The state policy shift, which became effective December 1, allows physicians to file Medicaid claims for treatment as far back as December 1, 1995.

Although the federal rule that allowed the underpayment extends back to 1992, the change in Michigan Medicaid policy represents a solid victory for health care practitioners. Better still, it will improve health care access statewide by ending the payment penalty faced by physicians treating older Medicaid patients.

"As far back as I can remember, our doctors weren't able to collect that 20 percent of the Medicare allowed charge," says Mary Anne Ford, MSMS Director of Medical Economics and Health Care Delivery. "The impact on our members is that it will make it easier for them to see patients who are dually eligible."

The drive to reform Michigan's Medicaid/ Medicare payment policy extends back several years, and required the work of physicians' groups on both a state and national basis. "We've been following the reimbursement issue of Medicaid/ Medicare crossovers since 1992," recalls Dick Weber of the Kerr Russell & Weber law firm, MSMS legal counsel and counsel to legal efforts to bring change to the rules on billing Medicare coinsurance and deductibles. The AMA Litigation Center, chaired by MSMS Executive Director William Madigan, was active in the efort to challenge the policy on a state-by-state basis.

Over the past several years, these efforts have paid off. Federal courts in the second, third, fourth and 11th circuits all found that the Medicaid payment structure in their states shortchanged physi-

cians. Eight states responded by changing their policies to lift the limit on Medicaid payouts.

"The last court decision in the second circuit, affecting New York, was the big one," observes Weber. There, the state actually tried to recoup payments to physicians that had been made at Medicare rates, but was firmly blocked by the court. Although Michigan, part of the sixth federal circuit, was not directly affected by these decisions, cases were also pending in our state, and the legal tide was obviously running in favor of equity for Medicaid treatment.

In Michigan, MSMS was active by "advocating through administrative venues," keeping the issue in front of state officials and focusing pressure from membership, says Ford. "State officials fear few things more than litigation and public scrutiny." By late last year, "Michigan Medicaid administrators finally saw the light," notes Weber, and state policy changed in November.

"The change is a compromise," notes Ford. "Ideally we would have received complete retroactivity back to 1992, as some other states have. But this is likely the best deal available."

As of December 1, physicians will receive Medicaid reimbursement at the Medicare rates for eligible low-income senior patients, and can apply for backdated payments to one year earlier, December 1, 1995. However, there are

deadlines for retroactive payments that physicians should closely observe.

"We want to encourage members who file claims for their full amount to be very mindful of the deadlines," warns Ford. "There isn't an unlimited amount of time." Joyce Nurenburg at the MSMS Reimbursement Ombudsman's office will help members who seek reimbursement under the new policy.

What claims will be eligible under the new guidelines? New claims for service, of course, which must meet previous deadlines of no more than one year after the date of service. The process grows more complicated for adjusting earlier claims, however.

Claims less than a year old, but which were originally rejected, can be rebilled. If the rejected claim is for services performed more than a year ago, and was submitted within a year of the service being performed, you will have to prove some billing activity every 120 days since

the last rejection. Old rejected claims that were essentially written off cannot now be revived.

Specific instructions exist for seeking adjustments of claims already paid, and physicians should contact the Ombudsman's office for details. On older claims, it is particularly important to provide a solid paper trail of the claim's billing and reimbursement history, and particularly the dates involved.

The impact of the Medicaid policy change will vary from practice to practice. However, the fact that old policies hurt the very physicians who served some of our most vulnerable populations, the old and the poor, was not lost in the effort for reform. "For physicians who see a lot of low-income seniors, this will bring a significant financial change," notes Mary Anne Ford.

The author is a Riverdale-based freelance writer.

MSMS will help members who seek reimbursement under the new policy.

## Because medicine is no longer a solo event...

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#### Connectedness aids in healing

Physician-patient interaction should consider mind, body and soul

#### by Claudia Skutar

n a speeded-up, chaotic world, stress gets to everyone, including doctors and their patients. Avoiding it completely is tough, but there are some things doctors can do to lessen it through physician-patient interaction. Of course, the devil is in the details—remembering in every encounter to slow down and to listen for each patient's story. But it can be done, say physicians who've tried it in their own day-to-day practice.

"If the psychological aspect of the patient is as important [as the biological aspect], then how well are we listening to those cues and clues from our patients?" said Steven J. Shiry, MD. He spoke to doctors at last November's MSMS Annual Scientific Meeting in Lansing. "You can be a healer just by being there to listen."

Doctor Shiry, associate head of St. Joseph Mercy Hospital Department of Family Practice in Ann Arbor, shared a spot on a five-member panel which spoke to physicians on how to manage stress. An important part of healing which often is overlooked, he explained, is connectedness—the patient feeling there's a connection between herself and another caring person, her doctor. And that's where listening comes in. It's important to know how.

#### Communicating with your patients

"Listening to a patient is about being present and hearing the person behind the medical complaint," said Doctor Shiry.

"We forget when caring for people that, in addition to having a body, they have a mind and a soul as well," observed another panel member, Hugh M. Solomon, MD, an Ypsilanti urologist.

"Physicians and patients should form a team which moves forward together to produce a desired result," he pointed out. "It's the relationship between physician and patient which creates an atmosphere of healing."

To develop that relationship, doctors need to encourage a patient to talk, not an easy thing to do when appointments stack up day after day. The mean time many doctors allow a patient to speak before interrupting and taking control of the interview is 10 seconds, according to Doctor Shiry. However, when doctors let

patients tell their stories without interruption, they usually stop talking after only 60 seconds, evidence which he asserts shows that patients don't take too much time during this part of an office visit.

#### Medical treatment: Therapy v healing

The reason for the hurry, which can result in stress and miscommunication for both physician and patient, may lie in part in the therapeutic perspective of medicine prevalent today. Says Doctor Shiry, physicians have learned to "replace it, fix it, or take it out . . . The therapeutic paradigm says fix it while the healing paradigm says that you should deal with the whole human and the mind."

The therapeutic paradigm results in a more confrontative approach to medical treatment, with doctors seeking to block a disease rather than to help create health. Indeed, says Shiry, medicine is focused on disease rather than health, with medical education skewed toward the worst cases and inadequate research on healing. And these built-in biases eventually take their toll in greater stress on physicians and patients.

#### Re-examining physicians' roles

That stress of having to be fixed may be driving patients away from traditional medicine. As one of several examples, Doctor Shiry cited results of a telephone survey published in the New England Journal of Medicine in 1993. That survey showed that patients had made 425 million visits in a year to practitioners of alternative therapies as opposed to 388 million visits to primary care physicians.

Studies like this one along with many physicians' own experiences have them re-examining their stressors and their relationships with their patients. Following a systemic inflammatory illness which put Doctor Solomon on the other side of the stethoscope, his relationships with his patients changed. His disease left him feeling isolated.

"I had become the patient and was no longer the healer," he explained. "My illness and treatment of it by my doctors prompted me to look at my own relationships to my patients." Doctor Solomon developed a greater awareness of how to better handle those relationships.

And Doctor Shiry, too, knows how to better handle those relationships so that they result in less stress to patient and physician.

"Any small gesture of caring or providing comfort can help the patient," he explained. As for doctors, they should listen, touch and learn from their patients. But, added Doctor Shiry, doctors also must remember to heal themselves.

The author is MSMS chief of electronic communications.

The mean time many doctors allow a patient to speak...is 10 seconds.

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#### When food can kill

Allergists say education key to survival

#### By Kathleen V. McKevitt

he national media have reported recently that some public schools have banned peanut butter from their menus, to protect children allergic to the legumes. Allergists report an increase in peanut allergies since the 1970s. As the public becomes more aware, patients are bound to ask their physicians about the dangers of food anaphylaxis. To help pediatricians, family physicians, emergency physicians and other primary care practitioners respond to the questions, Michigan Medicine presents the following article.

Imagine trying to impress a first-time date who's treating you to a restaurant dinner by asking your server to box up the meal that's just been set before you so you can eat it in the "safety" of your own home.

Unusual behavior? Not for Melissa Hopper, a Michigan State University sophomore already a pro at practicing critical decision-making skills every time she eats—to avoid dying.

In this case, she said, "It was better to take the food home than ruin the date."

Melissa is one of the 1-2 percent of U.S. adults who have a severe food allergy that can trigger a sudden and life-threatening anaphylactic reaction. She's had five of them since her mother first gave her a taste of peanut butter when she was two years old. About 6-8 percent of children in the U.S. have food allergies. Peanuts and related legumes are now forbidden fruit for Melissa.

Melissa's dinner date illustrates the complex spectrum of issues facing the food-allergic person: at one end the fear of death and at the other a desire to fit in.

Her parents, Linda and Jim Hopper of Troy, have spent nearly two decades preparing Melissa for just such moments. While the common view is that restaurants are taboo for people with peanut allergy, the Hoppers have struggled to give Melissa a normal life, including what they call a high-risk/low-risk decision model for dining away from home. If she's in a high-risk area—that is, miles from a hospital—she eats only norisk foods. In a low-risk place, such as a large city, she eats selectively.

The Hoppers, like all parents of food allergic children, know that traveling is fraught with risk. "When you travel you must know in advance that you will have access to an ambulance with life support and a hospital," says Linda.

They learned this lesson the hard way while vacationing on an island in Canada with a hospital 45 minutes and a ferry ride away. Melissa survived an anaphylactic reaction in that remote spot, but the episode prompts the Hoppers to point out one of their greatest frustrations. "Melissa's doctors have been wonderful, but, due to lack of medical research, no single place has been able to give us all the information we need. No one can say to us: 'This is how you will keep her alive.' The management of peanut anaphylaxis really does take a village."

#### **Challenges of Coping**

Charles Krasnow, MD, an Ypsilanti psychiatrist, says, "It's amazing how inventive families are in managing peanut allergy."

Doctor Krasnow's attention to patients with peanut allergy began with his interest in chronic illness in children. Anne F. Russell, RN, cofounder of the Food Allergy Michigan Network (see sidebar) and herself the mother of a food allergic child, heard of his work and asked him to speak at one of their meetings. Doctor Krasnow came away very impressed with the support such groups give. "There is a core anxiety that can never be eliminated," said Doctor Krasnow. "But support groups can be very help-



Michigan State University sophomores Angela Kuhn, St. Clair, and Melissa Hopper, Troy, right, talk over dinner in the Phillips Hall Cafeteria.

ful because the anxiety is shared. Doctors should know about these groups and recommend them to their patients."

Peanut allergy is particularly troublesome to cope with according to Doctor Krasnow for these reasons:

One strike and you're out. Food-induced anaphylaxis is most commonly triggered by milk, eggs, shellfish, whitefish, tree nuts, and peanuts-which are a legume. Peanuts, however, are more often associated with fatal reactions. Peanut is used widely as an ingredient in prepared foods. As little as 1/5,000 of a teaspoon has caused death; even touching something that has been in contact with peanuts, such as an airplane food tray, can cause a reaction. The potential for death is everywhere, which stirs up enormous anxiety.

An invisible actor. Allergy to peanuts is invisible; since others can't see it, they tend not to take it seriously. Children are notorious, for example, for challenging their food allergic pals about their condition. Furthermore, an allergic reaction can begin and then subside for several hours before returning in full force.

A ton of prevention won't produce an ounce of cure. There is no cure for peanut allergy and the sensitivity is not outgrown, as it is in the case of some other food allergies. Treatment is therefore restricted to awareness and prevention, which shifts the burden from physicians to family, friends, and the community at large.

Food as poison. Food plays a significant role in our social customs. When food is a poison, traditions become threatening rather than celebratory.

**Key to Prevention** 

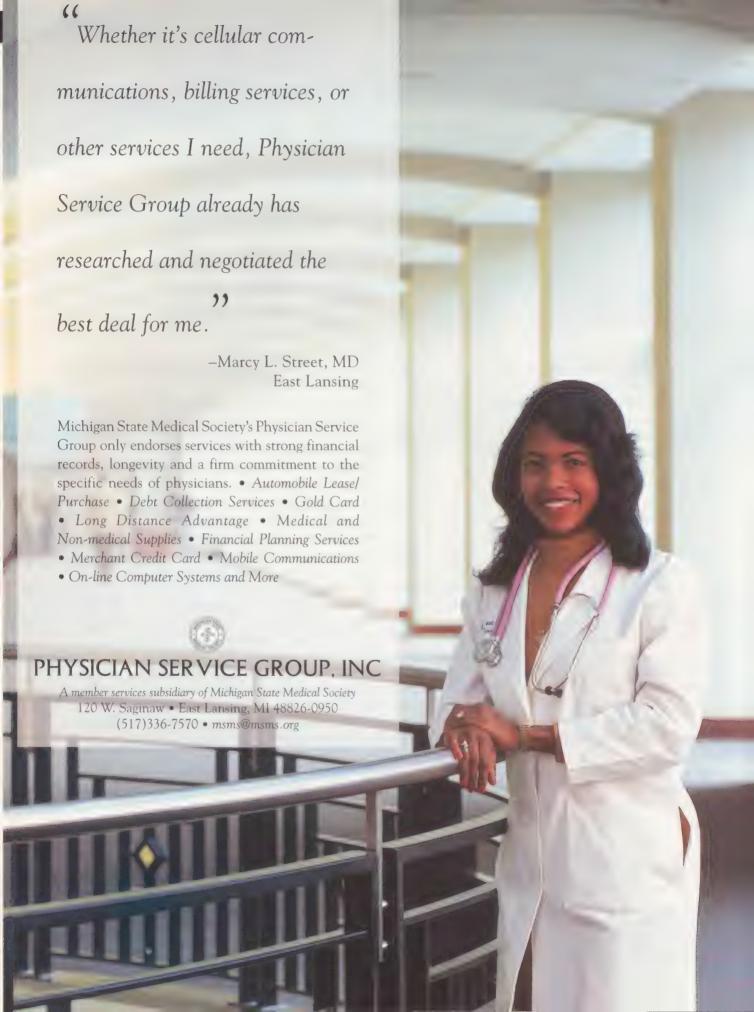
Physicians and families alike agree that education is the key to prevention and to living with food allergies. Lawrence Pasik, MD, a pediatric and adult allergist on staff at Beaumont Hospital-Royal Oak, with offices in West Bloomfield and Clarkston, says there needs to be more awareness of the allergy. "Avoidance is the number one issue and education is number two. We must educate not just families, but restaurants, schools, and the food industry. Primary care physicians don't have time to do this. This is the responsibility of the allergist."

The Hoppers' years of educating schools about peanut allergy didn't end when Melissa enrolled at Michigan State. With support from Dennis M. Jurczak, MD, director of MSU's Olin Health Center, they gave training sessions to residence hall and food service staff. "The staff was greatly concerned about giving someone medical treatment and their liability," said Doctor Jurczak. "You wouldn't sit around waiting for medical personnel if someone was having a heart attack. Once they understood that waiting could cost Melissa her life and once they were trained in how to administer epinephrine, they felt more comfortable." So do Melissa and her parents. "Bureaucracy can kill kids," her mother points out. "When Doctor Jurczak got involved, I was very impressed that such a large organization would give individual attention. Doctors should know that they can change bureaucracies to save lives."

At the National Jewish Medical and Research Center in Denver, Colorado, staff physician S. Allan Bock, MD, is an energetic booster

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Melissa is one of the 1-2 percent of U.S. adults who have a severe food allergy that can trigger a sudden and lifethreatening anaphylactic reaction.



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of the national Food Allergy Network. "FAN is a better education effort than anything in the media or the medical profession. Its head, Anne Munoz-Furlong, RN, is the country's premier educator about food allergy."

"Doctors plunge under their desks when they hear the words 'food allergy.' Physicians need to do three things: distinguish those who have real food allergies from those who have food intolerances, know at least one allergist and refer food allergic patients to him or her, and spread the word about FAN."

#### The Future

Although food allergy research is relatively recent and somewhat uncommon, John Anderson, MD, head of Allergy and Clinical Immunology at Henry Ford Health System in Detroit, thinks things are getting better. He has written extensively on adverse and specific allergic reactions to foods, but points out that the first respectable textbook on the subject wasn't published until 1991. Recent interest in the genetic modification of proteins in foods and its potential to cause new allergic reactions have put food allergies in the spotlight. "Food research is gaining respectability. I'm optimistic about it as a new frontier," he said.

Peanut allergy has been on the increase since the 1970s according to Hugh Sampson, MD, professor of pediatrics at Johns Hopkins University School of Medicine. Doctor Sampson attributes this to the introduction of peanut butter to children at earlier ages and possibly to the increased use of peanut butter by nursing mothers. Doctor Sampson, who received national attention for his ground-breaking study on food-induced anaphylaxis published in the 1992 New England Journal of Medicine, conducts an active food allergy research program, endowed in part by a family who has a child with peanut anaphylaxis.

"We're shooting for a treatment within three to five years," said Doctor Sampson. "We have a five-year plan, and so far we're right on target. We'll settle for something that will make peanut anaphylaxis no longer anaphylaxis."

The author is a freelance writer and owner of IDIOM, a full-service communications firm in Laingsburg, Michigan.

#### The Food Allergy Network

10400 Eaton Place, Suite 107
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Phone 703-691-3179 Fax 703-691-2713
Web site: http://www.foodallergy.org
E-mail: fan@worldweb.net
Anne Munoz-Furlong, RN, President

The Food Allergy Network (FAN), a national nonprofit organization, helps families to live with food allergies and increases public awareness about food allergies and anaphylaxis. Members get "Food Allergy News" bimonthly and special mailings about product information, including recalls, ingredient changes, or processing errors. FAN also produces booklets, videotapes, a cookbook, "How to read a label" cards, and a Worldwide Web site. Material covers such topics as shopping and cooking strategies, sending a child to school, and handling special occasions such as birthday parties. FAN has recently produced a School Food Allergy Program to help nurses conduct training sessions about food allergy management.

#### Food Allergy Michigan Network

Phone 313-420-2805

Anne F. Russell, RN, Coordinator

The Food Allergy Michigan Network is an informal group of parents and others who meet six times a year, currently in Plymouth, Michigan. Most speakers are board-certified allergists. "We connect people face to face," says its coordinator, Anne Russell, RN.

the number one issue and education is number two. We must educate not just families, but restaurants. schools and the food industry... This is the responsibility of the alleraist." -Lawrence Pasik, MD

"Avoidance is

# 

# Six Michigan couples who have found a balance

all that has changed with the emergence of the modern medical marriage. house clean, fed the kids and stood in awe of her mate's accomplishments. But Many doctors of the past came home to a full-time wife who kept the

than 10 percent; today, that figure has reached 40 percent. As the number of prioritized responsibilities female physicians increases and the number of women working outside the home grows, the medical marriage has evolved into one of partnership and Just 30 years ago, the number of women in medical schools was less

and children can be the greatest determinant of their quality of life. Michigan tion for surviving schedules, dishes, school sports and babysitters while stay-Medicine discusses these changes with six couples who share their prescrip-How physicians manage their personal needs and those of their spouses

By Karen Bouffard

ing in love and managing two medical careers.

20 Michigan Medicine February 1997



Marguerite Shearer, MD. Marshall Shearer, MD and

Doctors Marshall and Peggy Shearer: Thirty-Five Years of Life, Laughter and

and confident." with Peggy, who was "beautiful, happy-go-lucky Marshall was in high spirits because he was out On one of their first dates in Ann Arbor,

she swung her purse at me and said, 'Behave!'" the street," he recalls, "when all of a sudden "I was dancing and jigging in the middle of

Plan-Care Choices, married in June 1961. Shearer, MD, a family practice physician and executive medical director for Mercy Health professor in the Department of Psychiatry at the vate practice psychiatrist and clinical associate University of Michigan, and Marguerite Marshall Shearer, MD, a recently retired pri-

medical student at U of M and Marshall was a first year resident in psychiatry. The Shearers met when Peggy was a senior

arrived in September — two weeks late, and just the carpet by her new boss when Millie instead starting a new job at U of M's student health ing in obstetrics at Hutzel Hospital, but before expected just after Peggy completed surgery train-I hey planned for the arrival of their first baby

est, Iom, came along in 1970. Christine was born in 1966, and their young

up the chores," Marshall says. "I grew up in

"Shortly after we were married we divided

we had some friction over that," Marshall says. the midst of clutter, and she grew up with strict Prussian ("Germanic," she corrects) parents, so

could understand how it was." family practice, I was doing," Peggy says. "I had a full range "Our strength was that he understood what so I was called out a lot. He

seeing three stop signs as opposed to one. born daughter Millie home from the hospital. he noticed problems with his vision — he was When Marshall drove Peggy and their new

the remaining eye. He was blind for five and a was now diagnosed with a detached retina in At 11, Marshall had one eye removed; he

of "Well, that's just the way it is," Peggy adds. posed difficulties, the couple shared an attitude half years before While limits doctors placed on Marchall having corrective surgery.

coma for eight da was diagnosed with encephalitis and lay in a they lived temporarily in a friend's home, Millie when their home In 1970, the burned to the ground. While family was challenged again

on each other," F "Through all that adversity, we never turned eggy says.

made a complete recovery. "Trouble pulled us riage: We could toward, rather than away from, each other." feelings," Marshall notes, adding that Millie "We had one of those truths of a good martalk to each other about our

students at the Troubled by the number of young, pregnant U of M health center, Peggy

Shearer, MD Marshall

away from

each other."

rather than

pulled us

loward,

"Trouble

continued on following page

#### Though their children are grown, the **Powsners** don't suffer from empty nest syndrome.

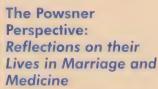
became the first physician to hand out contraceptives there. Despite criticism, she told university officials she'd stop only when they "stop allowing open visitation at the dorms."

She urged her husband to join in her efforts and the two joined Master's & Johnson in St. Louis, MO for three years as clinical and research associates.

Peggy and Marshall still reside in Dexter, where they have eight acres, a house, barn and seven horses to take care of. Peggy rides the horses, and Marshall mends the fences.

"I'd marry her ten years earlier," Marshall says, when asked what he'd do differently if he

> had the chance. "We weren't ready for it when we did," Peggy responds. "But I'd get a lot more household help."



When asked the ages of their children, Edward R. Powsner, MD, MHSA, and Rhoda Powsner, MD, JD, MHSA, gamely insist their offspring are "5,6,7 and 8." Ed adds, "The one who's 8 is a professor at Yale Medical School."

Ed is a specialist in thyroid disease with Eastside Nuclear Medicine, PC, in

St. Clair Shores. Rhoda recently left her 11-year position as chief physician at Ford World Headquarters to form the consulting firm of Powsner & Powsner. The two met their first day of medical school, married on the last day of that school year, and had their first baby on their last day of medical school four years later.

After graduating from Yale, the Powsners moved to Detroit where they did their residencies together at Wayne County General Hospital. They chose the program because it offered a rotating internship, and had a reputation of treating couples well.

The two lived in a room with a bath in Building H, and ate all of their meals in the hospital. They did night call together. One would take care of the baby while the other would take care of patients.

"We didn't think we were doing anything unusual," Rhoda says, adding that while her father approved, her mother felt medicine was a poor choice for a woman. "It was a sign of a husband's weakness if his wife worked. That was a big deal back then. We did get comments."

Gender also became an issue when the senior resident refused to have a woman in the operating room, Rhoda recalls, adding she learned surgery from the chief resident during early evenings.

The Powsners say they shared equally in household responsibilities. An aunt came to live with them for two years after the birth of their first child, and later they had good luck finding dependable babysitters.

"We assumed more traditional roles when we got down to the serious business of building jobs, and entering academia and building careers,' Rhoda says, noting that Ed was on the faculty at Wayne State University, where he was Associate Chair of Pathology, for 29 years. He then served four years on the MSU faculty, leaving in 1982. Rhoda attended law school when their four children, two doctors and two lawyers, were college age.

Though their children are grown, they don't suffer from "empty nest" syndrome, notes Ed, as "there are a lot of things yet to do. I'm building a practice in thyroidology, and Rhoda's now consulting in health care management and would like to succeed in that as well."



Edward R. Powsner, MD, and Rhoda Powsner, MD.

Rhoda views their fifth and future decades as parents, marriage partners and physicians as a time of "refocusing what you do, because we're free to pick the thing that is most significant."

#### Grant & Grant: A Thoroughly Modern Marriage

Who was that masked woman?

When James D. Grant, MD, an anesthesiologist at William Beamont Hospital, first saw his future wife, Lisa B. Grant, MD, she was standing in a corner of the operating room wearing a surgical mask.

He knew he wanted to get to know the first year resident, who was doing her surgical rotation. That was two years ago. This March they celebrate their second wedding anniversary.

While they haven't any kids yet, they plan to take children in stride.

"Family's pretty important to me, but my job's important to me too," says Lisa, 30. "I think I can have both, and it won't be a problem."

Says Jim, 36, "I'm incredibly proud of her."

When Lisa completes her residency in physical medicine and rehabilitation, she plans to seek a position in private practice. In the meantime, they both work at Beaumont.

"We don't ever really work together," says Lisa. "In order to see each other at work, we have to make an effort."

Adds Jim, "I start really early, and leave early. She works 8 to 5."

They compensate by spending every possible minute together. They eat meals together, clean the house together, cook together. The are no gender roles; all chores are shared.

"Everything's pretty split," says Jim. "It's been an evolution. Cleaning we do as a team. We do most of the household things together. I don't mind cooking, and she doesn't mind cleaning up. There's no task that's not approached in a two-step fashion."

Being in the same profession makes them more understanding of each other, the couple



Lisa B. Grant, MD, and James D. Grant, MD.

say. When Jim's on call, he has to stay at the hospital all night. When Lisa's on call, she stays at home with a pager.

"When I was an intern, I was on call every third or fourth night — so I understand when he's on call," Lisa says.

"Times have changed, and the concept of the husband/wife working family is more common than when I was growing up," says Jim. "Because she's in the same profession, I understand.

"I've always been 100 percent supportive of working women."

#### Doctors Mohsenian and Fahimi: Sharing a Life of Service

Mohammad Mohsenian, MD, and his wife Fereshteh Fahimi, MD, talk about the small pleasures they have when they're away from their busy medical practice. He likes to read and play chess. She likes to cook and garden. They socialize with friends and go to the gym together.

While it's clear there are other activities they enjoy, one senses there is really nothing they enjoy more than their work as infertility specialists.

Walking through their spacious Lansing office the two proudly point to photos that cover the walls: babies, multiple babies, babies with happy moms and dads. In all, more than 1500 babies have arrived in the world with some help from them. "Cleaning
we do as a
team. We do
most of the
household
things
together.
There's no
task that's
not
approached
in a two-step
fashion." James D.
Grant, MD



Mohammad Mohsenian, MD, and Fereshteh Fahimi, MD.

Though both graduated from Teheran University, the couple met while completing post-graduate fellowships in Reproductive Endocrinology/Infertility at Wayne State University. They married in December 1973. Both took full-time faculty positions at Michigan State University's College of Human Medicine, and practiced with patients as their University jobs allowed.

In 1982, they established their full time Lansing practice to devote themselves completely to their patients.

"The work takes practically 120 percent of our time, effort and energy, including most holidays, Saturdays and Sundays," Doctor Fahimi says, "but these are things we like to do, so it's very rewarding."

Adds Doctor Mohsenian, "It's fortunate we're in a field that's so fascinating. It can be your happiness."

As physicians, the couple's love and compatibility have enabled them to do much together that neither may have been able to accomplish separately. Each board certified in both OBGYN and in Reproductive Endocrinology/Infertility, they "see eye-to-eye on most issues" including offering the latest infertility technologies.

"Most patients become pregnant with simple measures, but if that doesn't work, the high tech component is available," Doctor Fahimi says. "The goal has been with all of these technologies to be state of the art, to keep up with all of the fast changes.

"I always thought this was a very rewarding field, a happy field," she adds. "There is con-

stantly something new coming up, so it keeps you medically and emotionally charged."

Though the couple works and lives together, varying schedules keep them from crossing paths often during the work day. Yet it's important to each to know the other is there providing "confirmation, support and positive feedback. Also, some patients need two physicians together — a procedure, a surgery, microsurgery. He partners with me in more ways than one," says Doctor Fahimi.

#### Doctors Walker and Zettell: Partners in Fun, Friendship and Business

Mark Walker, MD, and LoriAnn Zettell, MD, are partners in Mansion Street OBGYN, PC, in Marshall. At 32, they're partners in marriage, and in the upbringing of their two children, Nicholas, 3, and Ellery, 1. Having met as second year Wayne State University medical students, they married their fourth year, then did their residencies together at Hutzel Hospital

All this togetherness wasn't by design. They just happened to be at the same place, at the same time, and interested in doing the same things.

"We both independently decided on OBGYN," says Lori, noting that she was reluctant to choose the same specialty as her future husband. "But we met another couple that were both OBGYNs and they encouraged us to do what we wanted."

A hectic fourth year of residency—Nicholas was born—prompted the two to take a little time to enjoy life. They did locum tenens and

"...the other
is there,
providing
'confirmation,
support and
feedback.'"
Fereshteh
Fahimi, MD.

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—Thoreau

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Lori Ann Zettell, MD and Mark Walker, MD with newly delivered patient Paige Tobolski.

"It's nice to have your best friend. husband and consultant to talk to all at the same time." Lori Zettell. MD. travelled for a year, spending several months on a South Dakota Indian reservation and in upstate New York.

"When we worked, we usually shared one job - so it made us realize that we can work together, and enjoy it," Lori says. "We got to know our son, relax and get a grasp on life."

While working in Three Rivers, the couple learned Oaklawn Hospital in Marshall was interested in establishing another OBGYN practice. Having already decided to practice together, the interviewed for the positions and "liked it so much we cancelled all of our other interviews," Lori says. They signed contracts, then used the time before they needed to begin work to travel to Europe and prepare for their new venture.

"We looked into the business aspects," Lori says. "We learned how to set up practice, and took a small business course. That, plus our experience working in a lot of different practices, put us leaps and bound ahead of most people when they start."

According to Mark, sharing the same profession has made the couple more sympathetic toward each other. "We've seen people married to nine-to-fivers who have problems because they don't understand somebody working 70 to 80 hours per week," Mark says.

Both Lori and Mark say they've retained unique practice styles—"that's the art of medicine," says Mark—despite their business and personal partnerships.

Their sometimes different plans of action in practice force Mark to ask himself "if I'm thinking clearly or missing the boat," while Lori finds she sometimes has "to slap his hands, because he likes to do the guy thing and take over."

Despite sharing an OBGYN practice, the two find they often don't have enough time alone together. "Communication is a big obstacle, because by the time you get home and get the kids fed and to bed - sometimes you forget what it is you wanted to talk about," Mark comments. Lori adds that they "remind each other all the time that we love each other so that we don't forget."

When they can talk, Lori says, "It's nice to have your best friend, husband and consultant to talk to all at the same time."

#### **Doctors Berguer and Nowak: Focusing on Family Pleasures**

When Peggyanne Nowak, MD, 39, married Ramon Berguer, MD, she was prepared for a traditional marriage. "The day-to-day routines of the house are not his concerns," she says of her husband, 56, who was born and raised in Spain. "He wasn't raised that way. He was brought up in a different generation. They don't think so much like guys nowadays, who expect marriage to be a 50-50 proposition."

Doctor Berguer, 56, chief and full professor of vascular surgery at Detroit Medical Center, says he'd "already read a book and planted a tree" when he met Doctor Nowak during her residency at Harper Hospital. According to Doctor Nowak, he'd been a "confirmed bachelor."

"When you are attracted to someone, and fall in love, they are different than everyone else around you — so I changed my status," Doctor Berguer says. Once smitten, he also wanted a family, commenting that "having children was one of our most important objectives."

The couple married in 1987, and their first child, Alexandra, 9, was born one year later. Their second daughter, Adriana, is six years old.

"You have to decide if you want to work full



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"... there is a measure of complicity between us. It's something like a deep friendship. Like having an accomplice, someone who's willing

to share things

with you." -

Berguer, MD

Ramon

time, or quit your job and stay home," says Doctor Nowak, a West Bloomfield otolaryngologist and head and neck surgeon. "The most important thing is that I have an excellent nanny, who's lived with us for four years."

Their nanny, 29-year-old Peggyjo, frees-up time for "extras," like being a Brownie Troop leader, Doctor Nowak says. The family has a rich life together that includes sports, travel and cultural activities.

"The whole family likes to ski, and I'm a tennis nut," Doctor Nowak says. "The girls love dancing. Music is very important in the house — my husband and I play guitar, and the girls take piano. We also sail a lot in the summer. We don't socialize a lot. We take a lot of time together as a family."

The couple finds that making time for each other—Tuesday night is always date night—and stability provide continuity to the relationship.

"We have our separate interests — I like car racing, philosophy and mathematics . . . she's into cooking and architectural design - we have our separate spheres. But there is a measure of complicity between us. It's something like a deep friendship. Like having an accomplice, someone who's willing to share things with you," says Doctor Berguer.

Because medicine is not a common ground for them or what brought them together, they rarely talk medicine with each other.

Says Doctor Nowak, "We would have liked each other even if we weren't both physicians — but both being physicians, we tend to understand each other better, and what we do."

#### Statistics on today's medical marriage

Is there a "typical" marriage profile of physicians? The following statistics, taken from The Medical Marriage by Wayne M. Sotile and Mary O. Sotile, represent characteristics of today's average physician.

- Since the 1960s, the number of women in medical school has grown from less than 10 percent to 40 percent.
- A 1992 survey found that, of the female doctors polled, 50 percent married MDs. The same study indicated that only 6 percent of the overall population of male physicians married female physicians.
- Approximately 50 percent of U.S. medical students marry before graduation.
- A 1980 Census survey found that, regardless of age, more male than female physicians are married.

- As of 1991, only 32 percent of teaching hospitals had formal maternity-leave policies.
- A study of 200 surgeon-spouse pairs showed that they spend an average of 64 to 67 minutes each day in conversation with each other, an average of 1.8 evenings each week devoted to activities with their children and approximately one evening each week exclusively with their spouse.





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#### Newspaper headlines don't tell real Medicare story

By Susan Adelman, MD

ayne County Medicare Fees among the Highest" The Detroit News blared the above headline on Sunday, September 22, and the explanations given quoted Doctor Arthur Efros.

According to the newspaper's sources, Wayne County physicians receive \$638.38 per patient per month from Medicare, with a national average of \$488.25. This makes Wayne County the ninth highest in the US. What gives?

What factors contribute to this calculation? Obviously the main two are payment per service and number of services. Payment per service must conform to the RBRVS, whose three components are: practice work, practice expenses and professional liability costs. This result is modified by a geographic adjuster. The number of services equals the product of the number of services received by each patient and the number of patients per doctor. The latter may be on the rise as the number of doctors is decreasing in Wayne County relative to the number in the region.

Doctor Efros pointed out that Wayne County patients are sicker than the average, and that they "come to the doctor later and sicker." That is undoubtedly true, but there is more to the story. In fact, before the RBRVS, at least BCBSM payments in Wayne County were lower than the average in surrounding states, even though aggregate payments were not. In that case, one difference was utilization. Another difference was the high cost of hospitals, in large part because of Michigan's high union wage scales.

Remember that the RBRVS payment levels in Wayne County are raised by the highest professional liability costs in the country. This is one component of the RBRVS calculation. Another, practice expense, is a factor that has been based on historical payment levels, which were heavily influenced in Detroit by the high union wage scales.

Now back to the "later and sicker." We know that Michigan has a terrible record in the country in mortality from nine chronic diseases. It therefore stands to reason that we need more medical services in southeast Michigan.

Wayne County also is the location both of Henry Ford Hospital and of the Detroit Medical Center, two of the three largest providers of tertiary and quaternary care in Michigan. It is difficult to compare the cost of an average hospitalization today with costs in an earlier era, now that hospitals are turning into large intensive care units. Similarly, several Detroit hospitals act as the intensive care units for much of Michigan, and this raises average payments.

In short, the implication of the article appeared to be that doctors charge high fees in Wayne County. However, as Mary Anne Ford of MSMS tries to explain, Medicare has a fee schedule. Therefore, doctors can charge all they want and still will only get what Medicare pays, with or without a small additional sum for doctors who do not participate. The article has statements like, "The highest fees are charged by doctors in Richmond County, New York..." It should say that Medicare is willing to pay its highest fees in Richmond, New York.

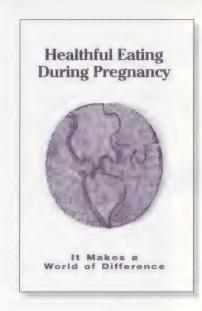
In fact, the unsophisticated reader will come away thinking that Wayne County doctors are getting rich from Medicare. They will not think seriously whether Wayne County patients might be sicker, that there may be relatively more patients per doctor here or that either practice expenses, professional liability costs or geographic adjusters may raise physician payments in the county. One could even wonder if the article was not written on purpose to obscure these factors as completely as possible.

The author is an AMA delegate and editor of the Detroit Medical News. This article is reprinted with permission from the October 14 issue of the Detroit Medical News.



Susan Adelman, MD

# Help For Pregnant Patients



#### Healthful Eating During Pregnancy



Pregnant women usually give their eating habits quite a bit of thought. Most of your patients know their diet is important to the well-being of their baby, but they lack the knowledge to put "eating right" into practice. We think you'll agree, Healthful Eating During Pregnancy: It Makes A World of Difference, provides all the "how to's" in one concise and handy reference booklet. It's comprehensive, colorful, easy-to-read and includes usable information about:

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#### Michigan Health Professional Recovery Corporation wins contract

Allows physicians substance abuse treatment through confidential program

#### By Jean K. Capriotti

ealth professionals with chemical dependency or mental illness can turn to the Michigan Health Professional Recovery Corporation (MHPRC) to preclude the likelihood of practicing impaired and falling under disciplinary action by Michigan's Department of Consumer and Industry Services.

MHPRC is a non-profit entity formed by the following organizations: Michigan Association of Osteopathic Physicians and Surgeons, Michigan Nurses Association, Michigan Pharmacists Association, Michigan Psychological Association and the Michigan State Medical Society. The corporation was recently awarded a twoyear, \$2.1 million contract from the Department of Consumer and Industry Services to carry out the Health Professional Recovery Program (HPRP).

The HPRP is legislatively mandated as part of a wide-ranging series of health care disciplinary reforms enacted in 1994. Prior to this legislation, many health care professional organizations had treatment programs in place for their impaired members. Other professional medical organizations did not offer an internal impairment programs. Without the advice, advocacy and treatment that is a part of such programs to fall back on, many impaired health care professionals were left to disciplinary action often resulting in the suspension or lose of license. Doctor Charles F. Gehrke, who chairs the MSMS Committee to Assist Impaired Physicians said, "The MHPRC is an umbrella organization providing these services to any health care professional for evaluation and treatment. The HPRP offers an alternative to the disciplinary tract and provides protection for the citizens of Michigan."

The HPRP was created to aid health professionals by treating them through a confidential program involving a monitored recovery process. HPRP activities and responsibilities include chemical dependency, mental illness, physical disability and other related issues. Joining the HPRP is voluntary. Currently there are over 450 health care professionals in the

Thomas Renkes, RN, MS, has been selected as the CEO of the

MHPRC. Renkes brings with him years of experience in the fields of mental health and substance abuse treatment. He will be responsible for the daily activities of MHPRC and any policy and administration issues.

Renkes believes the vision of MHPRC is clear. "We will assure Michigan's public a safe, professional, health care provider group, and work to maintain credibility in the health professional community," he said.

MHPRC also has been chosen as the subcontractor by the Department to monitor the disciplinary cases that come from the various licensing boards. Larry Wagenknecht, CEO of the Michigan Pharmacists Association is president of the MHPRC. He said, "The day this contract was awarded was a very significant day for health care professionals." The program services 22 health professions.

Renkes sees the HPRP as an effective program because it has been formed by health care professionals for the aid of other health care professionals. "Many groups say they take care of health care professionals, but their systems are not designed specifically around them," Renkes said.

MHPRC will do site visits to many treatment programs in the state, and use criteria developed as part of the contract with the state to determine if the organization is able to meet the specific needs of health care professionals. Wagenknecht and other health care professional had been concerned that an organization lacking the support and understanding of



MHPRC principals, left to right: Larry Wagenknecht; Thomas Renkes, RN, MS; Charles F. Gehrke, MD; Douglas W. Macdonald, MD.

health care professionals would be awarded the contract. Five other organizations competed for the contract.

"Health care professionals saw a real need to pull together resources when vying for this bid. The question was always, 'What is the best way to care for health care professionals with impairment problems?' This point was specified in our proposal," said Wagenknecht. MHPRC unsuccessfully bid on this same contract in 1995.

The MHPRC has contracted with Douglas W. Macdonald, MD, to be part-time medical director. Doctor Macdonald is currently the medical director of the MSMS/MAOPS Physicians Recovery Network (PRN). Unlike the HPRP, PRN is only available for physicians. Over 100 physicians are being actively monitored through the PRN. The PRN will as a monitoring operation over the next year. "The PRN is now much more of a sounding board, advisor, and advocate of whatever issue the recovering physician, and sometimes, the involved or associated institutions, are dealing with at the moment," said Doctor Macdonald.

Doctor Macdonald will encourage those physicians in the PRN to shift from the PRN to the HPRP. "I hope that out of our efforts, the HPRP will ultimately come to be seen as the most help-

ful and effective organization working with us in the care, not only of our physician patients, but for all our health professional patients," said Doctor Macdonald.

Thomas L. Haynes, MD, who chairs the state Health Professional Recovery Committee which oversees the HPRP, is optimistic about the HPRP. "I see a real increase in momentum for the program. I am more pleased with this than I have been in a long time," said Doctor Haynes.

The MHPRC headquarters are located in Brighton. Key players note the HPRP is off to a good start and will become a great service to impaired health professionals. "This is a positive step in identifying and providing opportunities for appropriate assessment and treatment of an impaired health care professional," Doctor Gehrke said.

Physicians can call the MHPRC directly at 810-225-1350 or at 800-453-3784.

The author is an MSMS staff writer.

#### The Board of Medicine in 1997

Looking ahead to telemedicine, pain management

#### By Cathy L. DeShano

nn hough many members of the public believe physicians don't do enough to police themselves, Harold Sauer, MD, asserts this isn't the case. Doctor Sauer, Michigan Board of Medicine chair, notes that the 18 members of the Board of Medicine, 10 of whom are physicians, are "conscientious and take their responsibilities to the citizens of Michigan seriously... they do not hesitate to act and impose sanctions when this would be warranted by the actions of a physician."

Before Doctor Sauer began serving on the Board in 1992, he underwent (as do all Board of Medicine members) a stringent application and interview process during which he was drilled on personal attitudes about licensing and disciplining colleagues, a challenge he has since commanded.

In the following interview, conducted near the end of Doctor Sauer's term as chair, he discusses the areas over which the Board has control and the process a case went through before it was presented to the 1995-96 Board. He also touches on areas of medicine in which he expects the new chair, Douglas Mack, MD, and the Board to focus during 1997.

#### Who sits on the Board of Medicine?

Since 1993, the Board has been made up of 10 medical doctors, one physician assistant and eight public members. The terms are four years and are staggered. All appointments are made by the governor. Eligibility is subject to confirmation by the state senate.

#### How does an individual become a member of the Board?

Members are appointed by the Governor when a position becomes available. Candidates must fill out paperwork initially. Candidates are intensely scrutinized. Your entire financial statements, background and credentials are examined. Once you pass this stage, you must go through an interview, during which they ask you about your medical background, your interest in the licensure of physicians and the discipline process. They look for a broad perspective from candidates, and are especially interested in someone who is not afraid to discipline colleagues. The quality of individuals has been very pleasing, both that of the professionals

and public members on the board. Though all sitting on the board now were appointed by Gov. [John] Engler, not everyone is a strict, card-carrying Republican.

#### Over what areas does the Board have review?

We discipline physicians for such things as incompetence, professional behavior, mental illness, physical illness, drug dependency and inappropriately writing out drug prescriptions for patients.

#### Who can make an allegation about a physician?

Anyone can alert the Board: a patient, a faculty member, anyone in a hospital, a health administrator. The initial repository process is confidential. If an individual must testify against a physician, they then lose this confidentiality.

#### What steps occur before a physician is brought to the Board for his/her conduct?

First an allegation is made. Allegations are heard by the Investigations & Allegations Committee; if a Board member is on this committee, s/he can't also be on the Disciplinary Review subcommittee. A fair proportion of allegations go beyond the Investigations & Allega-

continued on page 36



#### Michigan State Medical Society and the Perinatal Association of Michigan

present the

#### 36th Annual Conference on Maternal and Perinatal Health March 20, 1997, Dearborn Inn, Dearborn



#### **General Session**

7:30 a.m. Registration and Continental Breakfast

8:15 a.m. Welcome

8:30 a.m. "Obtaining A Consensus on Reading Fetal

Monitoring Patterns: Work In Progress"

9:30 a.m. Break

"Recent Developments in Cerebral Palsy" 10:00 a.m.

10:45 a.m. "Battering Issues: A Family Problem" Questions and Answers (all speakers) 11:30 a.m.

Adjourn to Luncheon Presentation Noon

"Managed Care Policies: How They Relate to Obstetrics and

Pediatrics"

#### Concurrent Sessions in (A) Obstetrics and (B) Pediatrics

#### (A) Obstetrics

2:00 p.m. "Twin-Twin Transfusion"

2:30 p.m. "Intra and Postpartum Depression"

3:00 p.m.

"Management and Outcomes of the Gestational Diabetic" 3:30 p.m.

4:00 p.m. "Introducing Evidence-Based Medicine into Perinatal Practice"

4:30 p.m. Questions and Answers (all speakers)

5:00 p.m. Adjournment

#### (B) Pediatrics

2:00 p.m. "Long-Term Neurodevelopmental Outcome of Extremely

Premature Infants"

2:30 p.m. "Primary Care of the NICU Graduate: What to Look for

in the Office"

3:00 p.m. Break

"Early Discharge of the Newborn: Pay Me Now or Pay 3:30 p.m.

4:00 p.m. "Neonatal Screening: Thyroid and NCH"

4:30 p.m. Questions and Answers (all speakers)

5:00 p.m. Adjournment

#### Advance Registration for Conference on Maternal and Perinatal Health, March 20, 1997 Please Print

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Tuition Schedule: Physicians - \$115 Nurses - \$100 Retired - \$70 Others - \$100

Residents/Students - \$45

I will be attending the luncheon presentation

Afternoon Concurrent Sessions: (Please indicate which you will attend):

☐ Obstetrics or ☐ Pediatrics

= \$ 15.00

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Fax: 517/336-5797



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1997 up to the day of the conference receive a full refund, less a \$25 handling fee. No refunds will be given after the conference date without prior notification.

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STATISTICS on ALLEGATIONS

(from Carol Engle,
Director of the
Complaint and
Allegations
Division,
Department of
Commerce,
State of Michigan)

In 1995-96, the
Board took
disciplinary action
on 92 allegations;
some of these
were carried over
from the previous
year.

There are generally between 500 & 700 allegations made each year. In 1995-96, there were 201 investigations authorized (on allegations made).

Most common complaints:

 Negligence/ Incompetence

Sexual

tions Committee. Then an initial board review. The five members of the disciplinary review subcommittee then meet to hear the charges. Three physicians and two public members serve on this committee. At least one of the public members must agree with the committee's decision to discipline a physician; you can't have a 3-2 vote in which both public members are in opposition to the decision.

#### How long does the entire process take, from allegation to a hearing in front of the Board?

The action is limited to one year. In the past, these cases could drag on for four years or so. But it's not really fair for a physician who, maybe four years ago was charged with drug abuse but has since been rehabilitated, to now have to face the charge.

#### What are the physician's rights in this process?

We have a compliance conference in which physicians get to defend themselves. Sometimes physicians say, "what I did was fine." We may then try to get into a plea bargain. There are three possible outcomes of this conference: we may fine the physician without violation; we may issue a consent order and stipulation; or the physician may dispute the charge and there is no resolution. In this situation, it goes to administrative hearing where the attorney general's office brings in witnesses and experts. The attorney general's office then has a proposal for a decision. It then goes to the Board and we go through the hearing process.

#### What is the Board's role in rehabilitating physicians?

We're a pro-active type of Board; we don't believe in doing away with a physician's license when possible. We're trying to put together a rehabilitation for physicians with a state medical school which we hope will be underway within the next year.

#### What penalties does a physician face?

They can receive a reprimand, which is public acknowledgment, by the Board, that a physician has done something wrong. They can also receive a suspension. Physicians suspended for six months or less automatically have their li-

cense reinstated at the end of the period. Those suspended for six months, plus one day or longer, must petition for reinstatement. The petition process isn't a guarantee of reinstatement of license. Physicians must prove they are competent and of good moral character. They may also have a fine of up to \$250,000 imposed. They may be required to perform a public service or take CME courses. We can issue limitation on a physician's license; for example, they may not be able to issue some substances. We can also put a physician on probation—they may have to practice under the supervision of another doctor. We can impose psychiatric care or drug treatments.

#### How do you respond to allegations that physicians don't do enough to discipline themselves?

Each and every physician in the state of Michigan has a statutory obligation to report any other physician who is noted to deviate from the standard of care in medical practice. This is the responsibility of every practitioner, not just those involved with the function of the Board of Medicine.

#### What is the Board's role in licensing physicians?

Among functions the Board takes responsibility for are verification of credentials, such as medical school data verification, confirmation of licensure examination status, confirmation of licensure in other states, possible disciplinary actions in other states or jurisdictions and verification of residency and additional training.

#### What issues do you expect to focus on during the next year?

We will be looking closely at telemedicine, as well as pain management issues. We also anticipate seeing more cases regarding managed care, the denial of necessary care and who is responsible for providing such care. Other concerns of the Board's are lawsuits and gag clauses. We're hearing of some physicians, hospitals and/or insurance companies settling with patients and placing a gag clause on such settlements. These cases should automatically come to the Board of Medicine.

The author is MSMS editorial assistant.



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## Creating opportunities for family doctors

By William Kendy

rchie Bedell, MD,PhD, began cutting business teeth in his early teens when he established a company that installed television antennas. However, business never held his interests as did education and teaching. His father, a surgeon, and uncle, an English department chair, helped to steer him back on course. He returned to school at the "ripe old age of 19," completing five academic degrees, including two doctorates, in 12 years.

The Wayne State University medical school graduate asserts his adolescent experiences prepared him to relate to the variety of people he now encounters as a family practice physician, "from the most common of men up to the most sophisticated presidents of corporations."

A residency program director for 23 years, Doctor Bedell currently practices with Mercy/

St. Charles Hospitals in Toledo. Prior to that, he operated a private practice for three years, served as founding chair and program director of Henry Ford Hospital's first department of family practice and as chief and program director of the department of family practice at Bon Secours Hospital in Grosse Pointe.

Now, as chair of the Michigan Health Council and as president of the Michigan Academy of Family Physicians, Doctor Bedell seeks to secure his specialty's future pool by creating opportunities for family practitioners.

While chair of the Michigan Health Council, Doctor Bedell will focus on disseminating information about Medical Opportunities in Michigan (MOM), a program he was instrumental in establishing. An interactive system

operated by the MHC, MOM allows physicians seeking placement in Michigan to access the system, place their curriculum vitae on line and make it available to hospitals, practitioner groups and providers who can also provide a critique of their institutions. Physicians soon will be able to view regional maps, read details on the areas and link hospitals seeking their services.

"My dream of MOM was to allow it to assist all of us in the state of Michigan to retain graduates of

our residency programs to the state, as well as to potentially import interested people from out of the state, using a clearing-house type mechanism," says Doctor Bedell.

Such programs will be vital in meeting the demands for family practitioners.

Family practice arose as a specialty in 1969, despite concerns that it might not meet the criteria as a medical specialty. According to Doctor Bedell, as the public grew to appreciate the field, medical educators quickly became concerned the specialty lacked the number of qualified trained faculty to educate the numbers [of medical students] needed.

Though family practice remains the most popular of the medical specialties in which graduates practice today, the field is still "working hard to overcome the shortage of family physicians. You can only train as many as you have competent faculty role models available. It is going to take another decade before we get caught up," says Doctor Bedell.

Doctor Bedell notes that societal factors not present 20 years ago also have affected the shortage of family practice physicians. Many young people now attending medical school aren't interested in working the "ridiculous hours" of years ago, but are enticed by the 32-hour work weeks quoted by managed care or



Archie Bedell, MD

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As chair of the Michigan Health Council and as president of the Michigan Academy of Family Physicians, **Doctor Bedell** seeks to secure his specialty's future pool by creating opportunities for family practitioners.



Pictured from left to right: daughter, Amy, Archie Bedell, MD, and wife, Linda. Doctor Bedell also has three sons, Robert, Marty and Jim.

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ganizations, he says. The number of female medical students, currently at 47 percent, also affects the work pool because many are "women of childbearing age who wish to have a family and children, which will reduce their work schedules in the future," he states.

Further compounding the shortage is the possibility that severe restrictions could be placed on allowing international students into US medical programs.

Doctor Bedell warns that if guidelines advocated by the Pew Report and the Academic Medicine Report are implemented, international medical graduates' lack of accessibility to the US education system will "decrease the number of available practitioners by the year 2000."

Shortages of family practitioners may reduce efficiency necessary to carry out managed care. Family practice, with its breadth and scope, can "handle roughly 90 percent of all the medical needs of the American people," says Doctor Bedell. By working closely with sub-specialists, family practitioners can streamline the medical

system in terms of efficiency and overall cost by utilizing hospital services more appropriately.

In the 21<sup>st</sup> century, Doctor Bedell anticipates hospitals will be subsets of good intensive care units, available for acute care crisis intervention, short stays and a networking of home health care activities. Such hospitals would "lower overhead costs and expenses to the general consumer in the form of decreased health care premiums and improved health care needs," he says.

As physicians enter the new millenium, he encourages physicians to "adopt a medical student. Show them that you are human, show them that you have a family, that you have outside interests and that you do believe in your God and guide them—don't reject them."

When he's not "carving" out ideas for attaining optimal family care, Doctor Bedell, an avid duck hunter, spends time carving duck decoys, fishing, golfing and riding thoroughbreds on his 10 acre farm in Ottawa Lake.

The writer is a Holt-based freelance writer.

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#### **New MSMS member** Kim J. Gloystein, MD

#### **Professional Information**

Office: Lakeview Community Hospital, Kalamazoo

Specialty: Internal Medicine, **Emergency Medicine** 

Years in Practice: I have been working here full-time since June of 1996. Before that, I worked with Parkside Internal Medicine from 1987 to 1996.

Medical School: University of Nebraska

Internship/Residency: Bronson/ Borgess Medical Center, 1984 to

#### **Personal Information:**

Spouse: Carrie

Date/Place of Birth: March 1, 1957, in Nebraska

Hobbies: Family activities, water sports

#### Things you might not know

What he enjoys most about being a doctor: The challenge of it. To be able to handle different situations as they arise. "You don't get bored," he comments.

I wanted to grow up to be: There

was not really one thing I wanted to be. When I got to college, I knew I wanted to be in the health field. At one time, I wanted to be a veterinarian.

My first job was: Working on the family ranch in Nebraska.

I find most appealing about my specialty: The unpredictability of it, though this can also prove to be the most unappealing thing about it. There is always excitement.

What word best describes you: Common sense and conscientious.



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#### **Newsmakers**

Gary W. Abrams, MD, has been named one of the best ophthalmologists in America by Ophthalmology Times. The Detroit physician is director of The Detroit Medical Center's Kresge Eye Institute and professor and chair of Ophthalmology at Wayne State University School of Medicine. He is a member of the American Academy of Ophthalmology, the Retina Society, the Macula Society, the International Society of Ophthalmic Ultrasound and MSMS.

Harsha P. Jayatilake, MD, will



serve the American Academy of Family Physicians (AAFP) as representative to the American Medical Association Resident

Section for a one-year term. The Royal Oak family practice resident will represent the interests of family practice residents to the AMA Resident Section. Doctor Jayatilake is chief resident at Wayne State University-Detroit Medical Center. He serves as vice chair of the Committee on Student and Resident Affairs for the Michigan Academy of Family Physicians and as treasurer for the MSMS Resident Physician Section. He was the 1996 recipient of the American Medical Associate/Glaxo Welcome Leadership Award. He is a member of Wayne County Medical Society and MSMS.

Archie Bedell, MD, is the new Michigan Health Council president. While president, Doctor Bedell, Toledo, will continue disseminating information about the MOM system and will encourage individuals of all ages to explore health careers. He has served as director of the Michigan Academy of Family Physicians, chair of the Family Practice Department at Henry Ford Hospital, chief of the Department of Family Practice for Bon Secours Hospital and chair of the Permanent Subcommittee on Family Practice Curriculum for the Residency Assistance Program. In 1985, he received the Outstanding Teacher Award presented by residents at Bon Secours. He is a member of the American Academy of Family Physicians, the Michigan Academy of Family Physicians and MSMS.

James A. Surrell, MD, a colon and rectal surgeon, was honored as a distinguished alumni by Northern Michigan University at its winter commencement ceremonies. Doctor Surrell works with the Ferguson Clinic in Grand Rapids and maintains a monthly clinic in his hometown of Newberry. He is also an assistant clinical professor of surgery for the College of Human Medicine of Michigan State University. He was the 1993 president of the Kent County Medical Society. He is a member of the American College of Surgeons, the American Society of Colon and Rectal Surgeons and MSMS.

Raymond R. Margherio, MD, Royal Oak, Kathleen M. Norton, MD, Berkley, and Douglas C. Westveer, MD, Berkley, have been







mont Hospital-Royal Oak Board of Trustees. Doctor Margherio, Orchard Lake, chief of Beaumont's department of ophthalmology, is an internationally recognized expert in retinal diseases. He serves as director of the Beaumont Eye Institute and as a clinical professor of biomedical sciences at Oakland University. He is a member of the Ameri-

elected to the

William Beau-

can Academy of Ophthalmology & Otolaryngology, the Society of Heed Fellows, the Michigan Ophthalmologic Society, the American Association of Ophthalmology and MSMS. Doctor Norton, Birmingham, is an internal medicine specialist. Doctor Westveer is a Troy cardiologist who serves as director of inpatient cardiology, the coronary care unit, the electrophysiology laboratory and the central telemetry monitoring unit at Beaumont-Royal Oak.

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#### ASK OUR LAWYER

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through utilization review and evaluation of practice patterns.

The recognition of the new concept of clinical integration is the most substantial provision in the new guidelines. Networks where physicians are paid a fee-for-service based upon a fee schedule that the physicians have agreed to, can now be legal provided there is adequate clinical integration. Physician networks will be able to offer fee-forservice PPO products as well as capitated HMO products. They will be able to engage in direct fee-forservice contracting with self-insured employers without triggering insurance regulation. Physicians will now be given more positive legal advice that any agreement on price or contracting issues outside of the guidelines will not necessarily lead to a per se antitrust violation.

The application of the rule of reason analysis requires that the government establish that the physician network is anticompetitive, rather than simply establishing a per se violation without anticompetitive evi-

#### Messenger Model

Physician networks which operate on a fee-for-service basis, but which do not have sufficient clinical and functional integration required under the antitrust laws, may operate under a "messenger model" to arrive at fee arrangements with payers. Under the 1994 guidelines, the messenger, or was so restricted that nothing could be done on a group basis. Under the new guidelines, the messenger has much broader authority. Physicians may give the messenger authority to accept contracts from payers that are within the limits of a fee range that each physician is willing to accept, and may develop schedules showing what percentage of physicians in the network would accept offers at various fee levels.

The antitrust playing field is still not totally level, but the new guidelines have made it flatter. Although the antitrust laws must still play a part in forming and operating physician networks, physicians may now spend more of their energies on medical practice and business issues.

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#### **Obituaries**

The 1989 Michigan Academy of Family Physicians "Family Physician of the Year" John J. Kelly, MD, died October 12. He was 76. Doctor Kelly, a McGill University, Canada, Medical School graduate practiced in Southeastern Michigan for more than 30 years. He was a past president of the Southeast Chapter and speaker of the MAFP Congress of Delegates.

Donald M. Kennett, MD, died November 25. He was 83. Doctor Kennett was a Long Island College of Medicine graduate who practiced in the Air Force Medical Corps before taking a position in Grand Blanc. The preventive medicine specialist was a member of the Aerospace Medical Association and the American College of Preventive Medicine.

Frederick R. Latimer, MD, died October 19. He was 75. A Royal Oak neurologist who graduated from Wayne State University Medical School, Doctor Latimer was a member of the Oakland County Medical Society, MSMS and the AMA.

Albert Van'T Hof, MD, died January 8, 1996. He was 87. Doctor Van'T Hof, a Grand Rapids surgeon, graduated from Iowa University Medical School. He was a member of the Kent County Medical Society and MSMS.

Frederick Q. Warner, MD, died September 17. He was 72. Doctor Warner was a graduate of Queen's University Medical School in Ontario, Canada. The Pontiac Ob/ Gyn was a member of the Oakland County Medical Society and MSMS.

Grand Rapids psychiatrist John D. Whitehouse, MD, died October 3. He was 79. Doctor Whitehouse was a University of Cincinnati College of Medicine graduate who served in the Army and Airforce. He served on the Kent County Medical Society Mental Health Committee and was a member of the Michigan Psychiatric Association, the American Psychiatry Association and MSMS.

#### **New Members**

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Ibrahim Abdulrahmon, MD, Clarkston

Beth I. Abella, MD, Rochester Khalid M. Ahmed, MD, Flint Naeem Ahmed, MD, Pinconning Adeola C. Akeredolu, MD, Detroit

Kheir Al-Zouhayli, MD, Bloomfield Hills

Kirsten L. Anderson, MD, Petoskey

Michael J. Argyle, MD, Lansing Aram S. Awaness, MD, Flint John A. Bach, MD, Ann Arbor Derek K. Bair, MD, Wayne Samir Basata, MD, Flint Reginald Baugh, MD, Detroit

Rhoda V. Beltran, MD, Grand Rapids

Surjit S. Bhasin, MD, Detroit Lisa B. Brown, MD, Grand Rapids Raymond H. Buzenski, MD, Clinton Twp.

Nedim Cakan, MD, Alpena Colleen M. Carey, MD, Kalamazoo

William J. Cosgrove Jr., DO, Dearborn

Iris B. Daniel, MD, New Haven Ashvani B. Dass, MD, Grand Rapids

Joyce D. Davis, MD, Rockford Russell J. DiPonio, MD, Grand Blanc

Josip Divic, MD, Grand Rapids Philip S. Durocher, MD, Troy Karen J. Dyer, MD, Cheboygan David C. Dziobak, MD, Dearborn Theodore G. Engelmann, DO, Prudenville

Rudy F. Evonich, III, Lansing Susan Fabrick, MD, Fruitbort Mohamed Fakhouri, MD, Grand Rapids

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#### Marris

3-7, Cardiology at Cancun 1997. Location: The Westin Regina Cancun, Cancun, Mexico. Contact: American College of Cardiology, Attn: EP, PO Box 79231, Baltimore, MD, 21279-0231, Phone 1-800-253-4636. Approved for: 26.5 Category 1 credits. Registration fee: ACC members - \$570 by Feb. 17; Nonmembers \$675 by Feb. 17. Registration is on-site only after Feb. 17 and \$50 more.

4, 11, Bar-Levay Educational Association Ongoing Seminar Series "Gender Identification: Nature vs Nurture." Location: Southfield. Contact: Lester Potempa, DO, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075, (810) 353-5333. No registration fee. Approved for: 4 Category 1 credits.

7-9, "Management of the HIV-Infected Patient: A Practical Approach for the Primary Care Practitioner." Location: Crowne Plaza Manhattan, New York City, NY. Contact: Center for Bio-Medical Communication, Inc., Phone 201-385-8080, Fax 201-385-5650. Registration fee: \$495 by January 24. Approved for: 20.25 Category 1 credits.

19-21, MSMS Maternal & Perinatal Health Meeting. Location: Dearborn Inn. Dearborn. Contact: Sherry Fent at MSMS at 517-336-5730. Approved for: 6.5 Category 1 credits.

22-25, 1997 Annual Session American College of Physicians. Location: Pennsylvania Convention Center, Philadelphia, PA. Contact: Annual Session Hotline at (800)523-1546, ext. 2600. Approved for: 29 Category 1 credits. Registration fee: Members - \$330; Non-members - \$555.

24-26, Management of Hepatitis C. Location: Natcher Conference Center, The William H. Natcher Building, National Institutes of Health, Bethesda, MD. Contact: Conference Registrar Technical Resources Internaitonal, Inc., 3202 Tower Oakds Boulevard, Rockville, MD, 20852; Phone (301) 770-0610, Fax (301) 468-2245, Email: confdept@tech-res.com, WWW: http://text.nom.nih.gov \nih\nih.html or ftp:\\pulic.nom .nih.gov\hstap No registration fee. Approved for: 14 Category 1 credits.

3-6, The Osler Institute Addiction Psychiatry, Medicine and Psychology Exam Review and Update Course. Location: Phoenix. Contact: Joseph Selliken, MD, 1094 East Dawn Dr., PO Box 2218, Terre haute, IN 47802; Phone (800) 356-7537 or (812) 299-5658 or Fax (812) 299-2775. Registration fee: \$840 for practicing physician; \$560 for resident, fellow, or non-physician. Approved for: Credits vary.

4-5, Clinical Pulmonary Update. Location: Washington University Medical Center, Eric P. Newman Education Center (EPNEC), St. Louis, MO. Contact: Office of Continuing Medical Education, Washington University School of Medicine, Campus Box 8063, 660 S. Washington University Medical Center, Eric P. Newman Education Center (EPNEC), St. Louis, MO. Approved for: Hour-for-hour basis.

10-12, Hip and Knee Reconstruction: Controversies and Stateof-the-Art. Location: Pointe Hilton at Squaw Peak, Phoenix, AZ. Contact: Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 First St., SW, Rochester, MN 55905, Phone 800-323-2688. Approved for: 15 Category 1 credits. Registration fee: \$575.

13-15, Emergency Medicine for the 21st Century. Location: Towsley Center, Ann Arbor. Contact: Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Profession, University of Michigan Medical School, PO Box 1157, Ann Arbor, MI 48106-1157. Approved for: 22.5 Category 1 credits.

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#### **MSMS**

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- 1, MSMS Internet Training Seminars. Location: Mt. Pleasant. Contact: Jody Jodyway at MSMS at 517-336-5604.
- **5, Board of Directors Meeting.** Location: MSMS headquarters. Contact: Irene Frost at MSMS at 517-336-5734.
- 12, Women Physician and Woman Lawmakers Reception. Location: MSMS headquarters. Contact: Shannon Rodgers at MSMS at 517-336-5741.
- 13, 1997 Women's Health Conference: Celebrating the Michigan Department of Community Health's Year of Women's Health. Location: The Kellogg Center, East Lansing. Contact: Sherry Barnhart at MSMS at 517-336-5786.
- 19-21, Maternal and Perinatal Health Meeting. Location: Dearborn Inn. Contact: Sherry Fent at MSMS at 517-336-5730.

#### May

- 1-4, House of Delegates. Location: Grand Traverse Resort. Contact: Donna Brown at MSMS at 517-336-5735.
- 14, Capitol Check-Up Day. Location: Capitol, East Lansing. Contact: Donna LaGosh at MSMS at 517-336-5788.

- 20, MSMS Internet Training Seminars. Location: Battle Creek. Contact: Jody Jodway at MSMS at 517-336-5604.
- 22-23, Physicians Executive Leadership Institute Conference. Location: Ann Arbor Campus Inn. Contact: Julie Lester at MSMS at 517-336-5768.
- 29-30, Maternal and Perinatal Health Retreat at Yarrow. Location: Battle Creek. Contact: Bryce Docherty at MSMS at 517-336-5719.

#### fully

23-27, Mid-Summer Board Meeting. Location: Mackinac Island Grand Hotel. Contact: Irene Frost at MSMS at 517-336-5734.

#### August

19, MSMS Internet Training Seminars. Location: Battle Creek. Contact: Jody Jodway at MSMS at 517-336-5604.

#### September

23-28, MSMS International Mackinac Island Conference on Bioethics. Location: Grand Hotel. Contact: Dave Fox at MSMS at 517-336-5731.

#### November

18, MSMS Internet Training Seminars. Location: Battle Creek. Contact: Jody Jodway at MSMS at 517-336-5604.

#### AMA

#### March

16-18, National Leadership Conference. Location: Marriott Hotel, Philadelphia, PA. Contact: Judy Marr at MSMS at 517-336-5744.

#### April

3-6, 17<sup>th</sup> Annual Medical Communications & Health Reporting Conference. Location: The Beverly Hilton, Beverly Hills, CA. Contact: Jill Stewart, AMA, 515 N State St., Chicago, IL 60610, Fax 312-464-5843.

#### tune

22-26 AMA Annual Meeting. Location: Chicago Hyatt Regency, Chicago, IL. Contact: Judy Marr at MSMS at 517-336-5744.

#### **SPECIALTY SOCIETIES**

#### February

28-March 2, Michigan Hand Study Group. Location: Crystal Mountain Resort. Contact: Steven J. Heithoff, DO at Orthopedic Associates at 313-985-4900 to confirm attendance. Reservations should be made directly with the resort;

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12, Michigan Allergy & Asthma Society Scientific Meeting. Location: Novi Hilton. Contact: Jennifer Anibal at MSMS at 517-336-7595.

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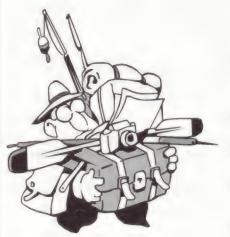
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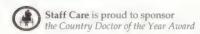
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## PRESIDENT'S PERSPECTIVE

# A contretemps among friends

By W. Peter McCabe, MD



hat they sometimes say about spouses can also be said about nurses... can't live with them, can't live without them. This tension, frequently constructive but occasionally counterproductive, has been underscored in recent months by a bit of a contretemps we in MSMS have had with advanced practice nurses in their efforts to legislate the right to prescribe independently.

Believing that this would fragment the collegial approach to patient care, we vigorously opposed such legislation and the Michigan legislature ended its session without the bill being passed. But chances are we'll see this idea surface again, just as have similar ideas on a whole array of scope of practice issues over the years.

Some of these scope issues, such as chiropractors wanting to expand their diagnostic and treatment capabilities, have been around for a long time and spring from a philosophy of health care that has always been at odds with that of allopathic medicine.

However, the more recent attempts at expansion of scope have come not so much from our foes as they have from our friends... nurse anesthetists, physical therapists, optometrists and all manner of nursing specialists. Many, if not all, of these groups were trained to extend a physician's range, filling manpower gaps in times of staffing shortages or providing more time-consuming direct patient care.

At all times, however, the captain of the ship, both legally and in terms of extended background and training, was the physician. And notwithstanding some very accomplished nursing colleagues, this is as it should be, if only because of the prodigiously long education of the physician. Complicating all this, however, is that some individuals among these groups are quite talented and can make a persuasive case for a degree of independence, all of which illustrates that once the genie is out of the bottle, it's hard to put it back in.

I personally have had no qualms in opposing the reach of most of these groups, but I must confess to a considerable mixture of feelings when it comes to nurses. After all, the history of medical care has seen the physician and nurse almost inextricably intertwined in common pursuits. Each profession has complemented the other in a kind of symbiosis which, when it works well, as it often does, contributes greatly to the quality of patient care. Indeed, a study of care in ICUs published in the New England Journal a number of years ago indicated that how well patients did was directly proportional to how well doctors and nurses got along.

My personal experience, as it no doubt is with many of you, verifies this. Nurses represent a great failsafe system, a form of built-in redundancy which minimizes human error. Many is the time a nurse has caught a medication error, detected an emerging problem early enough to nip it in the bud, or picked up on family or emotional nuances which were affecting a patient's recovery.

Over the years, many have come to love nurses, if not individuals, then at least the classic image of the coolly serene, yet caring, charming and competent woman in freshly starched whites. Obviously, this somewhat romanticized stereotype is a thing of the past; both the nursing and medical profression have progressed and adapted to changing times. But, certainly, positive elements of this stereotype persist in terms of a tradition of conscientious devotion to duty. I can remember one nurse who delayed a longawaited weekend getaway without so much as a murmur so she could help me well into the evening chase a basal cell on the face of a colleague's wife.

One thing we must not let happen is to have this turn into a turf battle. The patient's best interests must remain paramount. But as much as we admire the nursing profession, and tempted as we may be to cut nurses some slack, we have to look at what has worked best over time. And fortunately, or unfortunately, that argues for the current division of responsibility.

Doctor McCabe is MSMS President.

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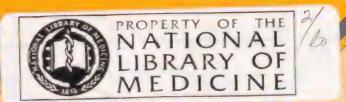
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# Michigan Medicine

#### COVER STORY

#### The second annual MSMS evaluation

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CONTRACTING
WITH MICHIGAN
HEALTH PLANS

In September 1996, over two million Michigan citizens were enrolled in Michigan's 19 licensed HMOs—putting managed care penetration in Michigan above the 20 percent mark. While considerable public attention is focused on HMO growth, change is occurring in more traditional programs. In this, the second MSMS evaluation of Michigan and the second MSMS evaluation of Michigan citizens.

gan health plans, you will find information necessary to make educated choices about participating with Michigan health plans.

By Mary Anne Ford

#### FEATURES

LEGISLATIVE AFFAIRS

#### New House reps focus on Medicare, long-term care

8

In their first terms representing Michigan's 15th and 8th districts, Congresswomen Carolyn Cheeks-Kilpatrick and Debbie Stabenow have established health agendas which include mammography guidelines for women in their forties and helping families care for loved ones in their homes.

By Ralph Ward

March 1997 Volume 96, Number 3

MSMS Internet Website Address: http://www.msms.org/ Celebrating 50,000 "hits" this month!

MSMS E-mail Address: msms@msms.org



#### FEATURES

#### SOCIETY NEWS

#### MSMS Election of Offices at the 1997 House of Delegates 10

A comprehensive listing of MSMS offices currently held and those up for election at the May House of Delegates meeting.

#### VIEWPOINT

# Doctor urges county society members to participate in the medical family

While president of the Kent County Medical Society, John P. Papp, MD, focused on establishing a family relationship between doctors and the Society. In this article, the past president encourages younger doctors to become members of the medical community.

By John P. Papp, MD

#### LIFE'S PLEASURES

#### Blues greats get their dues

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The author of this article, a Clarkston otolaryngologist who has reviewed for The Harvard Crimson and The American Journal of Otolaryngology, offers this print feature while kicking off his Michigan Medicine monthly on-line column. You'll find him under the MSMS publications button on the MSMS homepage. By Roy S. Goodman, MD

Look for Michigan Medicine On-line premiering this month at http://www.msms.org.

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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

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# Peer review immunity:

Are physician organizations covered?

By Richard D. Weber

#### Question:

I am an officer at an MSMS component society and have recently joined a physician organization. I have participated in our ethics committee proceedings at the county medical society level. I am also advised that our physician organization is becoming involved in credentialing and evaluating the clinical practices of member physicians. Are there legal protections for physicians involved in these review activities? Are the actions of these committees confidential?

#### Answer:

Michigan has a unique statute that provides substantial legal protections to peer review activities. The protections are immunity and confidentiality. The immunity is from liability that may be imposed upon members of the committee or persons providing information to the committee. The immunity is not absolute. The persons claiming the immunity must not act with malice and the information furnished to the committee must relate to the physical or psychological condition of any person, or the necessity, appropriateness or the quality of health care rendered to any person. Acts or communications of the members of the committee must be carefully kept within the scope and process of the peer review committee.

Except for releasing information to advance health care research and education, maintain professional standards, protect the financial integrity of governmentally-funded programs, provide evidence relating to ethics or discipline, or for credentialing purposes, the information is confidential.

#### Component Medical Societies

A state or county medical society peer review committee is included in the statutory protections. It is critical that the medical society create a peer review committee structure in its bylaws and periodically appoint the members of that committee. It is recommended that the ethics committee be named "peer review/ethics committee," and that the mediation committee be named "peer review/ mediation committee." Although the name of the committee would not necessarily be legally controlling, it is prudent to use the statutory language. The acts or communications of the members of the peer review committee must not take place outside of the committee proceedings. This is essential to assure the legal protections of immunity and confidentiality. The MSMS Bylaws set forth the scope and procedures for component society ethics and mediation committees. Component society officers and members of these committees should review these bylaw provisions.

#### Physician Organizations

Physician organization credentialing or peer review committees are not included in the statutory definition of a "review entity." When the statute was enacted in 1967, physician organizations as we know them today simply did not exist. Hospital medical staffs conduct peer review under the hospital's umbrella and are therefore protected under the statute which includes peer review committees of health care facilities.

At its recent meeting, the MSMS Board of Directors accepted the recommendation of the Group Practice Advisory Committee and passed a resolution supporting measures to extend peer review immunity and confidentiality to organized groups of physicians, and requested that the Group Practice Advisory Committee develop further recommendations, including the definition of types of physician groups that should be covered. The analysis and drafting of proposed legislation is in process. Broad legislation will likely be proposed to cover all physician networks, organizations or entities composed of health care providers licensed under the Public Health Code. Since physician organizations are structured as various types of legal entities and described by multiple names, acronyms and letters, a generic statutory provision would be continued on page 52

Look for Mr. Weber's monthly column in Michigan Medicine On-line premiering this month at http://www.msms.org. Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, send them to Judy Marr, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950, or fax them to (517) 337-2490 or E-mail them to jmarr(a msms.org.



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New Congressional Representatives focus on Medicare, long-term care

#### By Ralph Ward

#### Carolyn Cheeks-Kilpatrick

Carolyn Cheeks-Kilpatrick is the new congresswoman from Michigan's 15th District, which consists of the city of Detroit, plus a number of surrounding communities, including the Grosse Pointes and Ecorse.

She gained her seat in part due to the allegations of funding illegalities surrounding the



district's former congresswoman, Barbara Rose-Collins. This allowed Rep. Cheeks-Kilpatrick to launch a successful bid for the Democratic nomination last summer, which she won over Rose-Collins 51 percent to 31 percent. Given this district's safely Democratic makeup, the nomination virtually assured her an easy win over Republican opponent

Stephen Hume, the final tally being 88% to 10%.

Rep. Cheeks-Kilpatrick was elected to congress after serving 18 years in the Michigan House of Representatives. First elected to the Michigan House in 1978, she was reelected nine times. She served as Democratic Whip of the state house, and also served on the powerful Appropriations Committee, the first black woman to hold this post. As a state representative, Rep. Cheeks-Kilpatrick chaired the Michigan Legislative Black Caucus. Before her election to the Michigan legislature, she worked as a teacher in the Detroit Public School system.

After joining the United States House of Representatives in January, Rep. Cheeks-Kilpatrick was named to two House committees: the House Banking and Financial Services Committee and the House Oversight Committee.

On health care issues, the new congresswoman brings her focus to three major areas: improved access to quality care, access to basic care for the poor and ensuring long-term care for the elderly. As to her upcoming health care agenda, "two of the first pieces of legislation that I have co-sponsored seek to improve Medicare coverage for diabetes supplies and education (HR 58) and to set mammography guidelines for women in their forties (H. Res. 40)."

#### **Debbie Stabenow**

Debbie Stabenow, Michigan's new representative from the 8th district, has become one of Michigan's best known politicians during her two decades in politics. The former public school social worker was first elected to the Michigan state House in 1978.

After serving 12 years in the House, she was elected to the state senate for Ingham County in 1990. Rep. Stabenow's most famous appear-



ance on the Michigan political stage came in 1994, when she was selected as candidate for lieutenant governor to run with Howard Wolpe on the Democratic ticket against John Engler.

Although the Wolpe-Stabenow ticket lost, Rep. Stabenow proved herself an able challenger for the 8<sup>th</sup> district seat held by US Representative Dick Chrysler [R]. Through quality campaigning and strong labor backing, Rep. Stabenow defeated the incumbent by 11 points last November.

Throughout her political life, Rep. Stabenow has been identified with a number of major issues. She supports small business measures,

continued on page 60

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Substantially lower cost than Procardia XL and Norvasc<sup>‡5</sup>

Once-A-Day



30mg, 60mg & 90mg

#### A PRACTICAL CHOICE

Adalat CC is not indicated for angina, it should be taken on an empty stomach. As with all distinct pharmacologic entities, switching from one to another may necessitate careful titration and patient monitoring.

\*Procardia XL (nifedipine) and Norvasc (amlodipine besylate) are registered trademarks of Pfizer Labs Division, Pfizer Inc.

†Frequency and type of side effects are typical of dihydropyridine calcium channel blockers.<sup>6</sup>

‡Calculations based on suggested Average Wholesale Price (AWP).<sup>5</sup> AWP is from a published price list and may or may not represent the actual price to pharmacists or consumers.

Please see brief summary of Prescribing Information on following page.



30mg, 60mg & 90mg

#### A PRACTICAL CHOICE

#### BRIEF SUMMARY CONSULT PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION For Oral Use

INDICATION AND USAGE: ADALAT CC is indicated for the treatment of hyperten-It may be used alone or in combination with other antihypertensive agents CONTRAINDICATIONS: Known hypersensitivity to nifedipine.

WARNINGS: Excessive Hypotension: Although in most patients the hypotensive effect of nifedipine is modest and well tolerated, occasional patients have had excessive and poorly tolerated hypotension. These responses have usually occurred during initial titration of at the time of subsequent upward dosage adjustment, and may be more likely in patients using concomitant beta-blockers.

likely in potients using concomitant belo-blockers. Severe hypotrension and/or increased fluid volume requirements have been reported in patients who received immediate release capsules together with a beta-blocking agent and who underwent coronary artery byposs surgery using high dose fentanyl appears to be due to the combination of infectipine and a beta-blocker, but the possibility that it may occur with nifedipine alone, with low doses of fentanyl, in other surgical procedures, or with other narcoic analgesists cannot be ruled out. In nifedipine-treated patients where surgery using high dose fentanyl anesthesia is contemplated, the physician should be aware of these potential problems and, if the patient's condition permits, sufficient time (at least 36 hours) should be allowed for nifedipine to be worshed out of the body prior to surgery.

Increased Analgia and Los Myocordial Inferctions. Rereit, positions, patients particularly.

Increased Angina and/or Myocardial Infarction: Rorely, patients, particularly those who have severe obstructive coronary artery disease, have developed well documented increased frequency, duration and/or severity of angina or acute myocardial infarction upon starting nifedipine or at the time of dosage increase. The mechanism of this effect is not established.

Beter-Blocker Withdrawal: When discontinuing a beta-blocker if is important to taper its does, if possible, rather than stopping abruptly before beginning nifedipine. Palients recently withdrawn trom beta blockers may develop a withdrawal syndrome with increased angino, probably related to increased sensitivity to catecholamines. Initiation of nifedipine

unyma, propagn retuent to increased sensitivity to catecholamines. Initiation of intelliptine treatment will ind prevent this occurrence and on excision has been reported to increase it.

Congestive Heart Failure: Rarely, patients (usually while receiving a beta-blocker) have developed heart failure after beginning antediptine. Patients with hight parties that you can be a support of the properties of the

PRECAUTIONS: General - Hypotension: Because nifedipine decreases peripheral vas-cular resistance, careful monitoring of blood pressure during the initial administration and intritation of AbALT CCs suggested. Glose observation is especially recommended for patients already taking medications that are known to lower blood pressure (See WARNINGS).

atready taking medications that are known to lower blood pressure (see WarkMiNos). Peripheral Edemus: Mild to moderate peripheral elema occurs in a dose-dependent manner with ADALAT CC. The placebo subtracted rate is approximately 8% at 30 mg, 12% at 60 mg and 19% at 90 mg doily. This edema is a localized phenomenon, thought to be associated with vasodilation of dependent orterioles and small blood vessels and not due to left ventricular dysfunction or generalized fluid retention. With patients whose hypertension is complicated by congestive heart failure, care should be taken to differ-entiate this peripheral edema from the effects of increasing left ventricular dysfunction. Information for Patients: ADALAT CC is an extended release tablet and should be swallowed whole and taken on an empty stomach. It should not be administered with food. Do not chew, divide or crush tablets.

swailowed winde and taken of an empty stomach. It should not be daministered with road. Do not chew, divide or crush tablets.

Laboratory Tests: Rare, usually transient, but occasionally significant elevations of enzymes such as alkaline phosphatase, (PK, LDH, SG0T, and SGPT have been noted. The relationship to nifedipine therapy is uncertain in most cases, but probable in some. These laboratory obnormalities have rarely been associated with clinical symptoms; however, robelestasis with or without joundice has been reported. A small increase (<5%) in mean alkaline phosphatase was noted in patients treated with ADALAT (C. This was an isolated indiagn and it rarely resulted in values which fell outside the normal range. Rare instances of allergic hepatitis have been reported with nifedipine treatment. In controlled studies, ADALAT (C. did not adversely affect serum uric acid, glucose, cholesterol or potossium. Mifedipine, like other calcium channel blockers, decreases platelet aggregation in witro. Limited clinical studies have demonstrated a moderate but statistically significant decrease in platelet aggregation in witro. Limited clinical studies have demonstrated a moderate but statistically significant decrease in platelet pare platelet membrane. No clinical significance for these findings has been demonstrated.

Positive direct Combs' test with a without hemolytic ameniu has been reported but a causal relationship between nifedipine administration and positivity of this laboratory test, including hemolysis, could not be determined.

Although nifedipine has been used safely in patients with renal dysfunction and has been

halfbugh infellipine has been used safely in patients with renal dysfunction and has been reported to exert a beneficial effect in certain cases, rare reversible elevations in BUN and serum creatinine have been reported in patients with pre-existing chronic renal institution cy. The relationship to nifediprime therapy is uncertain in most case but probable in some. Drug Interactions: Beta-adrenergic blocking agents: (See WARNINGS).

ADALAT (C was well tolerated when administered in combination with a beta blocker in 187 hypertensive patients in a placebo-controlled clinical trial. However, there have been consonal internative reports suggesting that the combination of nitedipine and beta-adrenergic blocking drugs may increase the likelihood of congestive heart failure, severe hypotension, or excerebation of angina in patients with cardiovascular disease. Serete in yournalon, or exceedants of unique in potents with elevated disposition levels, pligiditis. Since there have been isolated reports of patients with elevated disposition levels, and there is a possible interaction between disposition and ADALAT CC, it is recommended that dispositi levels be monitored when initiating, adjusting, and discontinuing ADALAT CC to avoid possible over- or under-digitalization.

Coumarin Anticoagulants: There have been rore reports of increased prothrombin time in patients taking coumarin anticoagulants to whom nifedipine was administered. However, the relationship to nifedipine therapy is uncertain.

Quinidine: There have been rare reports of an interaction between quinidine and nifedipine (with a decreased plasma level of quinidine).

interaptine winn a accrease plasma lever or quinaline; Cimelidine: Both the peach plasma level of nifediptine and the AUC may increase in the pres-ence of cimelidine. Rantidine produces smaller non-significant increases. This effect of cime-tidine may be mediated by its known inhibition of hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass methodosism of nifediptine. If nifediptine thera-py is initiated in a patient currently receiving cimelidine, courious litration is advised.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Nifedipine was administered orally to rats for two years and was not shown to be carcinogenic. When given to rats prior to mating, nifedipine caused reduced fertility at a dose approximately 30 times the maximum recommended human dose. In vivo mutagenicity studies were negative.

the maximum recommended human dose. In vivo murloganicity studies were negative.

Pregnancy: Pregnancy Category C. In rodents, rabbits and mankeys, nifedipine has been shown to have a variety of embryotoxic, placentotoxic and fetotoxic effects, including stunted fetuses (rats, mice and rabbits), digital anomalies (rats and rabbits), the deformities (mice), cleft plate (mice), send plate (mice), and decreased encontal survival (rats; not evaluated in other species), and decreased neonatal survival (rats; not evaluated in other species). On a mg/kg or mg/m² basis, some of the doses associated with these various effects are higher than the maximum recommended human dose and some are lower, but all are writhin an order of magnitude of it.

The digital anomalies seen in nifedipine-exposed rabbit pups are strikingly similar to those seen in pups exposed to phenytoin; and these are in turn similar to the phelangeal deformities that are the most common malformation seen in human children with in utero exposure to phenytoin.

The day of the properties of the phenytoin and these are in turn similar to the phelangeal deformities that are the most common malformation seen in human children with in utero exposure to phenytoin.

There are no adequate and well-controlled studies in pregnant women. ADALAT CC should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Nursing Mothers: Nifedipine is excreted in human milk. Therefore, a decision should be made to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

importance of the drug to the momer.

ADVERSE EXPERIENCES: The inridence of adverse events during treatment with ADALAT CC in doses up to 90 mg daily were derived from multi-tenter placebo-controlled clinical trials in 370 hypertensive potients. Atenolol 50 mg once daily was used concominantly in 187 of the 370 patients on ADALAT CC and in 64 of the 126 patients on placebo. All adverse events reported during ADALAT CC therapy were tabulated independently of their causal relationship to medication.

The most common adverse event reported with ADALAT® (C was peripheral edemo. This was dose related and the freguency was 18% on ADALAT CC 30 mg daily, 22% on ADALAT CC 60 mg daily and 29% on ADALAT CC 90 mg daily versus 10% on placebo.

Other common adverse events reported in the above placebo-controlled trials include. Headache (19%, versus 13% placebo incidence); Flushing/heat sensation (4%, versus 9% placebo incidence); Dizzines; (4%, versus 2% placebo incidence); Flushing/heat sensation (4%, versus 9% placebo incidence); Dizzines (4%, versus 9% placebo incidence); Mouseo (2%, versus 1% placebo incidence); Constipation (1%, versus 0% placebo incidence).

Where the frequency of adverse events with ADALAT CC and placebo is similar, causal relationship cannot be established. The following adverse events were reported with an incidence of 3% or less in daily doses up to 90 mg:

Body as a Whole/Systemic: chest pain, leg pain Central Nervous System: paresthesia, vertigo Dermatologic: rash Gastrointestinal: constipution Musculoskeletal: leg cramps Respiratory: epislaxis, chinitis Urogenital: impo tence, urinary frequency

Other adverse events reported with an incidence of less than 1.0% were:

Other adverse events reported with an incidence of less than 1.0% were:

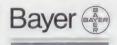
Body as a Whole/Systemic cellulitis, chills, facial edema, neck pain, pelvic pain,
and ardiovascular: atrial fibrillation, bradycardia, cardiac arrest, extrasystole,
hypotension, palpiations, phlebitis, postural hypotension, tachycardia, cutoneous angescutases Central Nervous Systeme manely, confusion decreaced libid, depression,
hypertonia, insomnia, somnolence Dermatologic: pruritus, sweating
Gastroiatestinal: abdominal pain, diarrhea, dy mounth, dyspepsia, esophagilis, flatulence, gastrointestinal hemorrhage, vomiting Hematologic: lymphadenopathy
Metabolic: gout, weight loss Musculoskeletal: arthrolgia, arthritis, myalgia
Respiratory: dyspnea, increased cough, rales, pharyngitis Special Senses: abnormal vision, amblyopia, conjunctivitis, diplopia, tinnitus Uragenital/Reproductive:
kidney calculus, nocturia, breast engargement

The following adverse events have been reported rarely in patients given nifedipine in other formulations: allergenic hepatitis, alapecia, anemia, arthritis with ANA (+), depression, erythromeloligia, extoliative dermatitis, lever, gingival hyperplasia, gynecomastia, leukopenia, mood changes, muscle cramps, nervousness, paranoid syndrome, purpura, shakiness, sleep disturbances, syncope, taste perversion, thrombocytopenia, transient blindness at the peak plasma level, tremor and urticaria.

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#### References:

1. Glasser SP, Ripa SR, Allenby KS, Schwartz LA, Commins BM, Jungerwirth S, on behalf of the Nifedipine Study Group. The Efficacy and Safety of Once-Daily Nifedipine Administered without Food: The Coat-Core Formulation Compared with the Gastrointestinal Therapeutic System Formulation in Patients with Mild-to-Moderate Hypertension Clin Ther. 1995;17(2):296-312. **2.** Glasser SP, Jain A, Allenby KS, Shannon T, Pride K, Pettis PP, Schwartz L. MacCarthy EP, and the Nifedipine Study Group. The Efficacy and Safety of Once-Daily Nifedipine The Coat-Core Formulation Compared with the Gastrointestinal Therapeutic System Formulation in Patients with Mild-to-Moderate Diastolic Hypertension. Clin Ther. 1995;17(1):12-29 3. Data on file, Bayer Corporation, Pharmaceutical Division. 4. Zidek W, Spiecker C, Knaup G, Steindl L. Breuer H-W. on behalf of the Hypertension Study Group. Comparison of the Efficacy and Safety of Nifedipine Coat-Core Versus Amlodipine in the Treatment of Patients with Mild-to-Moderate Essential Hypertension. Clin Ther. 1995;17(4):686-700. **5.** Redbook Update. Montvale, NJ, Medical Economics Data, Inc., December 1996. **6.** Adalat' CC Product Monograph, April 1995.



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## **MSMS** Elections

Offices open at the 1997 House of Delegates

lection of president-elect, district directors for the MSMS Board of Directors and delegates and alternate delegates to the AMA whose terms expire this year will be held Saturday, May 3, during the 1997 House of Delegates at the Grand Traverse Resort in Traverse City.

MSMS Speakers Dorothy M. Kahkonen, MD and Paul O. Farr, MD, recently polled all incumbent MSMS officeholders whose positions are up for a vote. The poll was done according to House of Delegates requirements to determine which officeholders are seeking nomination for reelection.

Any MSMS member wishing to run for an open seat or challenge any incumbent listed here should contact his or her county society president, secretary, executive or county delegation chair for the formal nomination process on the county level.

The following District Directors have completed three three-year terms and are ineligible for reelection to the Board: Willard S. Stawski, MD, Kent, District 5; Thomas E. Stone, MD, Muskegon, District 11; David H. Gilbert, MD, Houghton-Baraga-Keweenaw, District 13; and Earl G. Moehn, MD, Macomb, District 15.

In addition, Joseph M. Beals, MD, Wayne, District 1, has completed one unexpired term and will not seek reelection; James E. McGillicuddy, MD, Ingham, District 2, has completed one term and will not seek reelection; and Frederick V. Minkow, MD, Oakland, District 15, has completed two terms and will not seek reelection.

An open seat exists on the AMA Delegation due to the retirement of Alternate Delegate Fred E. Patterson, MD, Washtenaw. All other incumbents on the Board and the AMA Delegation have indicated they will seek reelection to the offices they hold.

To fulfill technical requirements, AMA Al-

ternate Delegate Marguerite R. Shearer, MD, will run for the unexpired term of AMA Delegate Willard S. Stawski, MD. Doctor Stawski, in turn, is seeking the position of Alternate Delegate left vacant by Doctor Shearer.

The President-elect is elected annually and will become Presi-

dent at the following House of Delegates. This year the Outstate Caucus will nominate the President-elect and bring that nomination to the floor of the House to be elected by the House of Delegates.

Nominations for MSMS Board positions of Secretary, Assistant Secretary, Treasurer, and Assistant Treasurer will be made by the Board of Directors and brought to the House of Delegates for a vote.

The complete list of offices that will be voted upon at the 1997 House of Delegates is as fol-

#### **District Directors**

(may serve three three-year terms - first threeyear term to year 2000 House of Delegates)

District #1 - Wayne

Incumbent

Joseph M. Beals, MD

(completed one unexpired term and will not run for reelection)

District #2 - Clinton, Eaton, Hillsdale, Ingham,

Incumbent

James E. McGillicuddy, MD, Ingham

(completed one unexpired term and will not run for reelection)

District #3 - Branch, Calhoun, St. Joseph Incumbent

Jeffrey M. Jones, MD, Calhoun (completed one term)

continued on page 12

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continued from page 10

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Incumbent

James B. Kilway, MD, Kalamazoo (completed one term)

District #5 - Barry, Ionia-Montcalm, Kent, Ottawa

Incumbent

Willard S. Stawski, MD, Kent

(completed three three-year terms - ineligible for reelection)

District #9 - Grand Traverse-Leelanau-Benzie, Manistee, Northern Michigan, Wexford-Missaukee

Incumbent

Kenneth H. Musson, MD, Grand Traverse (completed one term)

District #11 - Mason, Mecosta-Osceola-Lake, Muskegon, Oceana, Newaygo

Incumbent

Thomas E. Stone, MD, Muskegon

(completed three three-year terms - ineligible for reelection)

District #13 - Dickinson-Iron, Gogebic, Menominee, Houghton-Baraga-Keweenaw,

Ontonagon

Incumbent

David H. Gilbert, MD, Houghton

(completed three three-year terms - ineligible for reelection)

District #15 - Oakland-Macomb

Incumbent

John H. McLaughlin, MD, Oakland (completed two terms)

Incumbent

Frederick V. Minkow, MD, Oakland

(completed two terms - will not seek reelection)

Incumbent

Earl G. Moehn, MD, Macomb (completed three three-year terms - ineligible for reelection)

#### Secretary, Assistant Secretary, Treasurer, Assistant Treasurer

(for a one-year term to 1998 House of Delegates - nominated by the Board - MSMS Bylaws, 13.40)

Incumbents:

Thomas R. Berglund, MD, Kalamazoo Secretary

Thomas C. Payne, MD, Ingham Assistant Secretary

Billy Ben Baumann, MD, Oakland Treasurer Earl G. Moehn, MD, Macomb Assistant Treasurer

#### Speaker

(one year term - to 1998 House of Delegates) Incumbent

Dorothy M. Kahkonen, MD, Wayne

#### **Vice Speaker**

(one year term - to 1998 House of Delegates) Incumbent Paul O. Farr, MD, Kent

#### President-elect

(one year term - to 1998 House of Delegates)

#### Delegates to the American **Medical Association**

(two year terms - to 1999 House of Delegates) Incumbents:

Susan H. Adelman, MD, Wayne (first elected 1991)

Peter A. Duhamel, MD, Oakland (first elected 1989)

Thomas C. Payne, MD, Ingham (first elected 1989)

Rhoda M. Powsner, MD, Washtenaw (first elected 1993)

Krishna K. Sawhney, MD, Wayne (first elected 1996)

B. David Wilson, MD, Kalamazoo (first elected 1995)

Willard S. Stawski, MD, Kent (first elected 1995)

(not completing second year of two-year term-seeking two-year term of Alternate Delegate Marguerite R. Shearer, MD)

Terms of remaining Delegates to the AMA expire in 1998. They are:

Busharat Ahmad, MD, Monroe (first elected 1990)

Billy Ben Baumann, MD, Oakland (first elected 1983)

Cathy O. Blight, MD, Genesee (first elected 1994)

Gilbert B. Bluhm, MD, Wayne (first elected 1996)

Michael App (Student) (first elected 1996)

#### Alternate Delegates to the American Medical Association

(in order of seniority - two year terms to 1999

House of Delegates)

Incumbents:

Marguerite R. Shearer, MD, Washtenaw

(first elected 1989)

(seeking unexpired term of Delegate Willard

S. Stawski, MD)

Carl F. Hammerstrom, MD, Marquette

(first elected 1993)

AppaRao Mukkamala, MD, Genesee

(first elected 1995)

Fred E. Patterson, MD, Washtenaw

(retired from position)

Alan M. Mindlin, MD, Oakland

(first elected 1995)

Cecil R. Jonas, MD, Wayne

(first elected 1997)

Hassan Amirikia, MD, Wayne

(first elected 1997)

Terms of Remaining Alternate Delegates expire

in 1998:

John W. Hall, MD, Northern Michigan

(first elected 1990)

Domenic R. Federico, MD, Kent

(first elected 1993)

Thomas E. Stone, MD, Muskegon

(first elected 1995)

Dorothy M. Kahkonen, MD, Wayne

(first elected 1995)

Kurt Doggwiler, MD, (Resident)

(first elected 1996)

All MSMS members seeking election to offices that will be voted upon at the 1997 House of Delegates are asked to complete a candidate nomination form so that uniform biographic information on all candidates may be shared with House of Delegates members prior to voting. This form will be available through your county secretaries, executives, delegations, and through MSMS. They will be distributed to the Outstate and Wayne Caucuses, to delegates at the District Director Briefings and placed in the Delegate Handbook.

# Building family values.

Doctor urges members to participate in "medical family"

#### By John P. Papp, MD

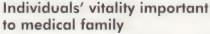
Thile president of the Kent County Medical Society, John P. Papp, MD, focused on establishing a "family relationship" between doctors and the society. In the following article, his last address as the county's president, Doctor Papp discusses his observations during the year and encourages younger doctors to become more actively involved in the society's "family".

This is my last issue to discuss matters with your of importance to medicine. After attending Doctor Noyes Avery's funeral recently, I knew we needed to talk.

Doctor Avery was an outstanding internist. He dedicated his life to serve his patients and

to be a leader in medicine. He was a role model for me and many other physicians. At his funeral, I saw many retired and older physicians. It felt good to see them again. Several were from different hospitals, but I still knew who they were, what type of practice they had been in, and a little about their private lives. They were men that

I had grown to respect. Men who had served their patients and community well. Men who had trained many students and residents. Men who had been active in leadership roles in our community.



I'm deeply concerned about whether you will have the same feelings when my generation retires. I'm concerned that there will be a one or two generation gap in leadership in our society. I'm concerned that you are losing out in not knowing us. Believe it or not, we've accumulated some wisdom over these many years in

medicine. Believe it or not, we are a family of medicine. We cannot survive without each other. Your vitality, energy and views of life are important to our family.

Numerous articles and books have been written about "boomers" stating you are anti-institution, but embrace social consciousness, respect for differences and have a commitment to the environment. You are not instinc-

tively "joiners" because of your emphasis on personal empowerment. Your disinclination to join is reflected in a drop in PTA participation and a decreased interest in social and community groups such as the Lions, Rotary and medical societies.

### Managed care changes demand physician unity

As medicine changes and we become more involved in managed care, we become increasingly isolated from each other. It is, therefore, more important than ever before that we meet to share concerns about our practice and our lives. We need to remain united, for we are the family of medicine.

In your KCMS survey of 1995-96, you asked for fewer meetings. We responded by decreasing our meetings to five a year, two of those five with our spouses to help keep our family together. For our families, KCMS had two events this year—a day at the Whitecaps and an evening with the Griffins at reduced cost in order to entice you to get to know other families in KCMS.

We all understand the need for quality time with spouses and family. We all work hard and have ever increasing demands on our time, but you owe it to yourselves to know your medicine family. Surely, attending a few KCMS meetings is not too much to do. Take this time to meet other physicians, to share concerns, to

continued on page 46

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## Tribute albums

Blues greats get their dues

#### By Roy S. Goodman, MD

he tribute album is a relatively recent phenomenon in rock. It sounds like a great idea: various (often oddly assorted) musicians come together (usually in separate studios and at different times) to honor one of their favorite artists, generally one who has died. The honorees have left behind plenty of excellent material, and it should be interesting to hear their influence on subsequent musicians. Judging by the eight tribute albums on my shelf, the results are variable.

**Covering Hendrix** 

Jimi Hendrix is the perfect choice for a tribute album; he's famous, he transformed music and he's dead. In fact, Hendrix is such a good choice that there are two tribute albums. "Stone Free" is the conventional one, in which a collection of excellent musicians covers a collection of excellent Hendrix tunes. The problem with this is that while Eric Clapton, Jeff Beck, Vernon Reid and the like can play Hendrix virtually note-for-note, none of them can match the ragged-edge guitar sound that went so well with Hendrix's stoned drawl. Stevie Ray Vaughan's version of "Little Wing" is far superior to his "Come On" or "Voodoo Child" because he improvises around the melody and chords instead of slavishly playing back all the notes; Living Colour does much better with "Midnight Lamp" than with "Crosstown Traffic" because they play the song their own way instead of trying to mimic it.

I'd still buy the "Stone Free" CD for two cuts. Buddy Guy's version of "Red House" is the one Hendrix cover that actually outdoes Hendrix. In the Chicago bluesmaster's hands, the 12-bar blues becomes a succession of gut-wrenching, teeth-clenching discords and distortion that somehow makes perfect musical sense. The other standout is an incendiary version of "Fire" played on violin and viola by Dr. Nigel Kennedy; I enjoy it every time I hear it.

Like "Stone Free," "In From the Storm" features a stellar cast and a title lifted from a Hendrix song, but here the backing parts have

been transcribed for a small orchestra. Though this curious-sounding project lets you appreciate Hendrix's brilliance for details, practically every cut falls short of capturing his spirit. Carlos Santana doesn't sound especially Spanish on "Spanish Castle Magic." Steve Vai should be turned loose to match his celebrated weirdness with Hendrix's. They all sound like the best high-school guitarist in the world copying a Hendrix tune at a dance in the gym. The only song that works well is a truly peculiar funk-orchestral arrangement of "Purple Haze."

#### Remembering Green's Blues

Jimi Hendrix is an obvious choice for a tribute album; Peter Green is a not-so-obvious choice. Green was an early member of John Mayall's Bluesbreakers and a founder of Fleetwood Mac. Two Peter Green tribute albums exist: "Rattlesnake Guitar" and "Blues for Greeny."

"Rattlesnake," an inexpensive double CD, features a pleasant anthology of modern blues styles by two dozen artists and groups. Nobody

Since his childhood years walking through the halls with elementary school pal James Hoberman, today's *The Village Voice* critic, Roy S. Goodman, MD, has been a self-described "voracious" reader. During adolescence, Doctor Goodman's artistic interests extended to music and he soon found himself sharing his enthusiasm for books and music with others. The Clarkston otolaryngologist has reviewed everything from "Headache Disorders" to "How to Pick Up Girls" for publications ranging from *The Harvard Crimson* and *The Daily Mississippian* to *The American Journal of Otolaryngology*. With this article, Doctor Goodman kicks-off a dual presence for his monthly book and music review column in both print and on-line versions of *Michigan Medicine*.

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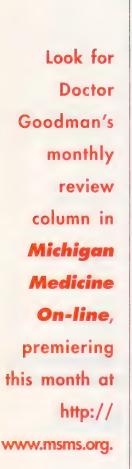
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on this collection sounds like Peter Green, and that's fine. Harvey Mandel sounds like Harvey

Mandel. Rory Gallagher sounds like Rory Gallagher in very good form. My main complaint is that I can't listen to Larry McCray's excellent version of "Black Magic Woman" without comparing it to Carlos Santana's classic arrangement.

"Blues for Greeny" is a one-man tribute recorded by Gary Moore. Playing his idol's 1959 Les Paul, Moore sounds remarkably like Green. Green's playing was fiery and emotional without being overtly hostile; Moore adds a touch of his own unsubtle don't-force-it-get-a-bigger-sledgehammer style. The result sounds like Peter Green on a fair night, in a bad mood. I think Moore sounds better as Peter Green than he does as himself.

A different approach to the tribute album produced "Hats Off to Stevie Ray" and "Fit for A. King." The "L.A. Blues Authority" assembled a very solid rhythm section and brought in a collection of guest guitarists to play one song each—in fact it's the same guitarists on both CDs, which I assume were recorded at the same time.

#### **Reaching Vaughan's heights**

Stevie Ray Vaughan earned a lot of admirers without especially influencing their style, and "Hats Off' doesn't sound much like him. It does sound like rock-oriented blues played very well by an assortment of mostly rock guitarists. While nobody here reaches Vaughan's infrequent heights of fiery brilliance, "Hats Off" is a consistent production which I prefer to the original.

#### Riffs for A. King

You can hear nods to Albert King's style and his classic riffs from most of the soloists on "Fit for A. King." Good as it is, this production would have been much more worthwhile if it included the guitarists who have followed more closely in the influential blues guitarist's footsteps, such as Donald Kinsey, Otis Rush, Coco Montoya and

Bobby Radcliff.

#### Waters receives his dues

Another influential musician and a founder of modern blues, McKinley Morganfield a.k.a. Muddy Waters, receives his due on "You're Gonna Miss Me" by The Muddy Waters Tribute Band. The sessions showcase many veterans who are true legends of the blues, the result indicating how Muddy Waters would have sounded with modern recording equipment and his best backing band ever. I enjoy it even though it's too "authentic" and restrained for my tastes.

Far less restrained and definitely less authentic is Paul Rodgers' "Muddy Water Blues," which features Rodgers and a solid core of musicians playing mostly hard-rock versions of blues standards with a stupefying all-star assembly of guitarists. If you like your blues highly energized and you can stand Rodgers' tendency to go on far too long with his vocal ramblings, you'll enjoy "Muddy Water Blues."

What's next? Well, not a tribute to the recently deceased Tiny Tim, I hope. But with the enormous population of dead musicians to choose from—there's an entire CD, "Stairway to Heaven/Highway to Hell," commemorating substance-abuse victims—the future of the tribute album is wide open.

The author is a Clarkston, Michigan otolaryngologist.

# Your Gide

CONTRACTING
WITH MICHIGAN
HEALTH PLANS

The SecondAnnual Michigan State Medical Society Evaluation

## Second annual MSMS evaluation

Updated information helps Michigan MDs decide health plan participation

By Mary Anne Ford with Annette Cawley

> In September 1996, over 2.1 million Michigan citizens were enrolled in Michigan's 19 licensed HMOs - putting managed care penetration in Michigan above the 20 percent mark.

> Evidence of expected continued growth in Michigan managed care is found in the number of new HMO licenses issued—six since the end of 1994. Although the largest proportion - over 82 percent - of Michigan HMO enrollees is insured through employer group or individual contracts, the number of Medicaid and Medicare managed care enrollees is expected to grow considerably in the coming year.

> While considerable public attention is focused on HMO growth, change is occurring in more traditional programs. Still Michigan's largest health plan, Blue Cross Blue Shield of Michigan last year revamped its PPO design, began offering medical savings accounts, and reorganized to respond to needs of large group customers.

# WITH MICHIGAN HEALTH PLANS

Nationally and in Michigan, competition among health plans is evident. Increasingly, the physician network will be a focus of that competition. The information in the MSMS Second Evaluation of Michigan Health Plans is intended to provide basic information to help physicians make informed choices about participation with Michigan health plans.

Information in the evaluation includes data reported to, or calculated from, reports filed with Michigan regulatory agencies. Utilization and enrollment data for HMOs are from 1995 annual reports and 1996 quarterly reports filed with the Michigan Department of Community Health, Division of Managed Care and Health Facility Development. Financial and enrollment data for HMOs and Blue Cross Blue Shield of Michigan are from 1995 Annual Financial Statements filed with the Michigan Insurance Bureau.

Like our first evaluation of Michigan health plans and our more recent publication of "Hospital Financial Information in Brief," this report is a starting point for further examination. This summary report provides an overview of financial, utilization and enrollment information, all designed to provide an overview of major indicators of health plan growth and stability. MSMS members can obtain detailed reports about individual health plans for \$10 each; the cost to nonmembers is \$20.

#### 1996 Initiatives

The first MSMS Evaluation of Michigan Health Plans provided information on plans licensed through the end of 1994. Two new plans, licensed in 1995, are included in this report. In 1996, three new plans received HMO licenses, including Paramount Care of Michigan, Community Choice Michigan, and Great

Lakes Health
Plan. Three new
license applications
were pending at the
end of 1996. Medicaid
and Medicare are a major focus of many new plans entering
Michigan.

In 1996, the Michigan Department of Community Health announced plans to provide services to Medicaid patients in most eligibility categories through capitated contracts with qualified health plans. This initiative scheduled to begin later this year in Genesee, Macomb, Oakland, Washtenaw and Wayne counties - will increase enrollment in capitated programs by as many as 200,000 Medicaid patients. A separate initiative will involve capitated care for Medicaid patients in all other Michigan counties. Specifications for qualified plans are expected in April, with enrollment beginning early in 1998.

With managed care expected to be central in federal efforts to control spending growth, Michigan plans are focusing considerable attention on developing Medicare risk and Medicare point of service programs. Although Medicare beneficiaries represented less than three percent of total HMO enrollment in September 1996, a steady increase is expected in the years ahead. A significant increase occurred in 1996 in Medicare beneficiaries covered through Medicare risk programs.

Health benefit decisions of Michigan's automakers have a significant influence on health plan activity. Many attribute the relatively slow growth of managed care in Michigan to collective bargaining agreements that have preserved more traditional plans for hourly autoworkers. The 1996 agreement between Ford Motor Company and the UAW calls for new Ford employees to enroll in a managed care plan for two years following employment. Similar decisions by large and small employers, and

Michigan
plans are
focusing
considerable
attention on
developing
Medicare risk
and Medicare
point of
service
programs.

MSMS plans extensive education and advocacy efforts to protect against the disruption of physicianpatient relationships that occurs when patients are covered through exclusive contracts with a particular group.

the availability of point of service options within managed care plans, contributed to commercial enrollment growth between 1994 and 1996.

These changes in government and commercial programs mean that physicians and patients face many difficult choices. MSMS will continue efforts to provide advocacy, information and service to physicians, building on several steps in 1996.

In 1996, working with the Michigan Partners for Patient Advocacy, MSMS was successful in securing passage of the Michigan Patient Bill of Rights. With an effective date of July 1997, the Michigan Patient Bill of Rights will:

- require disclosure of benefit and covered services information to patients;
- allow patients to receive information about financial incentives; and
- require plans to notify physicians and other providers of formation of new panels.

In a significant step for patients with chronic disease, the Patient Bill of Rights also limits consideration of preexisting conditions by health insurers, leveling the regulatory playing field between HMOs and Blue Cross Blue Shield of Michigan and indemnity insurers, which are less stringently regulated.

The first Evaluation of Michigan Health Plans reported that gag clauses, which had been the subject of considerable national attention, were not in evidence in Michigan. The Michigan Association of Health Plans (formerly the Association of HMOs in Michigan) has asked MSMS to alert the association to any gag clauses we discover, reflecting the association policy against gag clauses.

Also in 1996, the medical directors section of the Michigan Association of Health Plans began to review differences in work on developing a standardized credentialling form. MSMS plans to work with the medical directors on this important initiative, which would represent welcome relief from a significant administrative burden.

In 1997, MSMS will continue to draw legislative attention to contracting concerns, particularly hold harmless clauses. Concerns about exclusive contracting have surfaced in several communities. MSMS plans extensive education and advocacy efforts to protect against the disruption of physician-patient relationships that occurs when patients are covered through exclusive contracts with a particular group.

These advocacy efforts are a complement to the information on the following pages. This evaluation is a tool for physicians and their patients. Our information about individual health plans will be updated throughout 1997, and we encourage members to use these tools to fashion productive relationships with Michigan health plans.

Mary Anne Fordis MSMS director of medical economics. Annette Cawley is a Dewitt-based financial consultant



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Peer Education Project on Immunization
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continued from page 22

#### I. Plans covered in this report

The second MSMS Evaluation of Michigan Health Plans examines enrollment trends, utilization trends and financial stability for Blue Cross Blue Shield of Michigan and health maintenance organizations licensed in the State of Michigan. It includes information about all HMOs licensed through the end of 1995; and Community Choice Michigan, a nonprofit HMO licensed in 1996.

Future evaluations will include two additional HMOs licensed in 1996: Great Lakes Health Plan and Paramount Care of Michigan. Both are for-profit corporations.

In January 1997, three HMO license applications were pending for Quality Medical Plan, Inc.; CareAmerica Michigan; and Cape Medical, Inc. All are for-profit corporations.

The information summarized in this report provides an overview of health plan activity in Michigan. Members can request detailed reports on individual plans. These reports provide a full financial analysis through 1995, utilization information for 1994 through the third quarter of 1996, enrollment information, physician participation, NCQA accreditation status, grievance and appeal processes, and other valuable information.

#### Michigan Health Plans

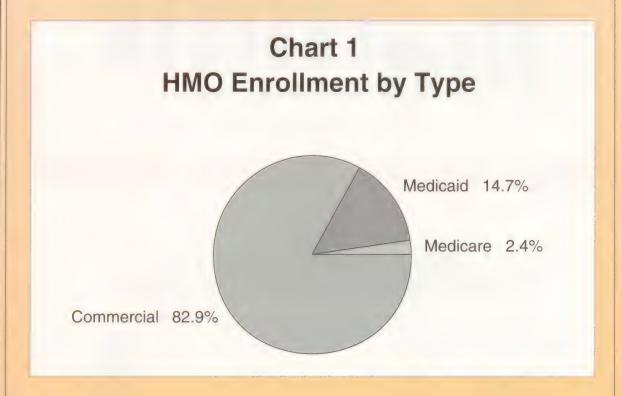
Plan Name	Owner or Sponsor	Tax Status	Operational Date	Abbrev.
Blue Care Network of East Michigan	BCBSM	NP	12/24/75	BCN-EM
BCN Great Lakes	BCBSM	NP	3/31/82	BCN-GL
BCN Health Central	BCBSM	NP	9/1/77	BCN-HC
BCN of Southeast MI	BCBSM	NP	5/13/81	BCNSEM
Care Choices	Mercy Health Services	NP	12/1/86	CC
Community Choice Michigan	Primary Care Association	NP	6/24/96	Comm
Family Health Plan of Michigan	Family Health Plan, Ohio	NP	3/15/95	FHP
Grand Valley Health Pla	n	Р	4/5/82	GVHP
Health Alliance Plan	Henry Ford Health System	NP	2/8/79	HAP
HealthPlus of Michigan		NP	9/1/79	HPOM
MCare	University of MI	NP	9/26/86	MCare
NorthMed HMO	Joint Physician and Hospital	NP	1/9/87	NM
OmniCare	United American Healthcare	NP	12/23/75	Omni
Physicians Health Plan	Sparrow Hospital	NP	3/19/91	PHP
Priority Health Plan	Butterworth Hospital	NP	9/17/86	Priority
SelectCare HMO	Joint Physician and Hospital	P	5/20/77	SC
Total Health Care		NP	3/22/76	THC
Ultimed HMO of Michigan		Р	5/15/95	Ulti
The Wellness Plan		NP	12/31/75	WP

#### II. Enrollment

HMO enrollment in Michigan continues to grow steadily, if slowly. Overall, enrollment in Michigan HMOs grew 7.1 percent from 1994 to 1995; and 3.5 percent from the end of 1995 to September 1996. Many health plans experienced some fluctuation in enrollment for the three reporting periods. Only one plan, SelectCare, experienced enrollment declines for each period, with a 4.2 percent decrease from the end of 1994 to the end of the third quarter in 1996.

Plans experiencing the largest growth were MCare, Blue Care Network of Southeast Michigan and Priority Health Plan. MCare enrollment grew 46 percent. MCare began enrolling Medicaid beneficiaries in 1995; by the third quarter of 1996, they represented 9.2 percent of the plan's 97,875 members. Enrollment in Michigan's second largest HMO, Blue Care Network of Southeast Michigan, grew 39.6 percent. In western Michigan, Priority Health Plan enrollment increased by 29 percent. Neither plans' members include Medicare or Medicaid beneficiaries.

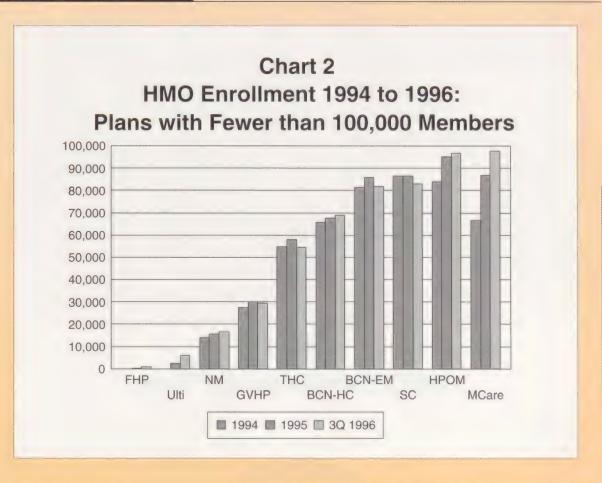
In the third quarter of 1996, 82.9 percent of Michigan's 2.1 million HMO members were enrolled through commercial group or individual contracts. Medicaid beneficiaries represented 14.7 percent of all HMO members; Medicare beneficiaries make up the remaining 2.4 percent. Chart 1 provides a breakdown of overall enrollment by type.

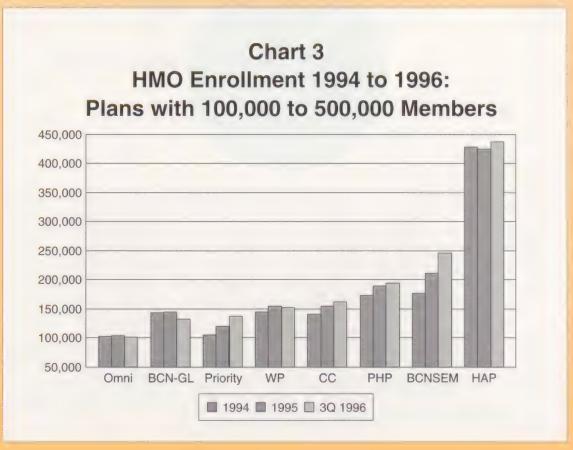


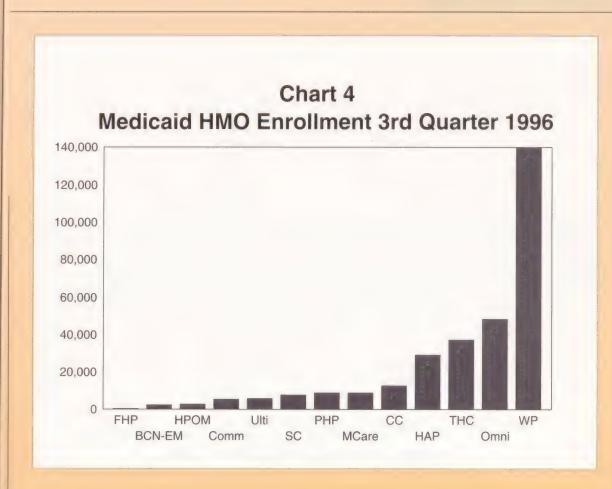
Several newly licensed plans, including Family Health Plan of Michigan, Ultimed HMO of Michigan and Community Choice Michigan, expect growth as Medicaid continues to enroll beneficiaries in HMOs. Just over 98 percent of the plans' combined enrollments of 12,237 are Medicaid beneficiaries. Other plans with the largest proportion of members in Medicaid are Omnicare at 47.6 percent; Total Health Care at 67.9 percent; and The Wellness Plan at 91.7 percent.

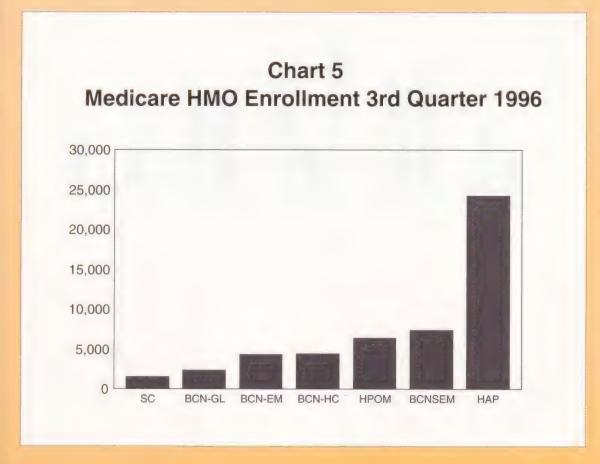
Exactly 50,947 Medicare beneficiaries were members of HMOs in September 1996. Nearly half - 24,231 - were members of Health Alliance Plan.

Charts on the following pages graphically depict trends in Michigan HMO enrollment. Charts 2 and 3 show enrollment trends from the end of 1994 to the end of the third quarter of 1996 for plans with fewer than 100,000 members, and plans with 100,000 to 500,000 members, respectively. Medicaid enrollment for the third quarter of 1996 is displayed in Chart 4. Chart 5 displays Medicare enrollment for the same period.



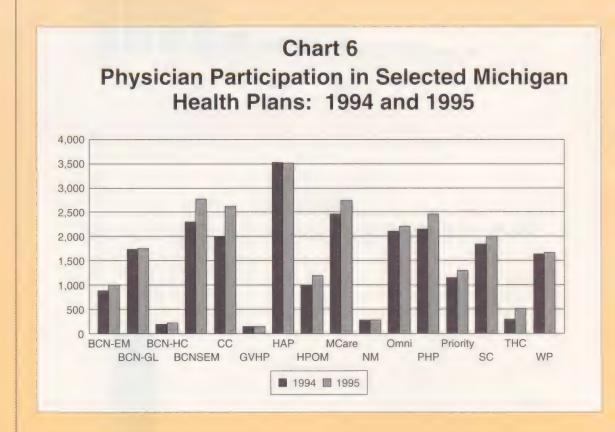






#### III. Physician Participation

Participation by Michigan physicians in HMOs grew with enrollment, although in larger proportions. Michigan HMOs reported participation by 27,052 physicians at the end of 1995, an increase of 14 percent from the previous year. This increase reflects expansion of physician networks to serve new members, and expansion into new geographic areas. **Chart 6** displays physician participation in HMOs for 1994 and 1995. Not included in the chart are Family Health Plan and Ultimed, which were licensed in 1995. Family Health Plan reported participation by 200 physicians and Ultimed reported 413 participating physicians.



#### IV. Utilization and Quality Assurance

The following tables summarize several measures of utilization reported by HMOs in their annual and quarterly reports. Information reported here uses the most recent reports available, and reflects activity in the third quarter of 1996.

## Physician Visits\* for the Third Quarter of 1996: Total Membership

	*
Plan Name	Annualized Visits
	per 1000 members
BCN-EM	4471
BCN-GL	2828
BCN-HC	6498
BCNSEM	4280
CC	1332
Comm	2352
FHP	1858
GVHP	1266
HAP	3733
HPOM	7708
MCare	1725
NM	2581
Omni	4113
PHP	2758
Priority	3725
SC	3815
THC	967
Ulti	1149
WP	4474
*Includes primary care of	and specialty visits, except

<sup>\*</sup>Includes primary care and specialty visits, except psychiatric

No clear pattern emerges by comparing physician visits per 1000 in 1994 and the annualized visits per 1000 for 1996. The average across plans was 3,243 visits per 1000 members, slightly higher than the 1994 average of 3,195. The use of annualized quarterly information for 1996 reports may account for this difference. Individual plans are experiencing tremendous fluctuation in the number of visits reported from year to year. These are probably influenced by new enrollment of Medicaid and Medicare patients; substitution of outpatient services for inpatient services; and policies of individual plans.

Hospital Utilization for the Third Quarter of 1996: Commercial Membership

_		arter of 1770. Commerce	A
Plan Name	Discharges	Annualized Days	Average
		per 1000	Length of Stay
BCN-EM	1,334	276	3.9
BCN-GL	1,945	229	3.8
BCN-HC	1,002	228	3.7
BCNSEM	3,741	250	3.9
CC	1,604	177	4.1
FHP	2	524	0.0
GVHP	402	151	2.8
HAP	6,168	241	3.8
HPOM	1,854	331	3.9
MCare	838	139	3.6
NM	267	205	3.1
Omni	949	237	3.3
PHP	2,498	194	3.6
Priority	1,964	203	3.5
SC	1,142	282	4.5
WP	219	232	3.3

Hospital Utilization	for the Third Qua	arter of 1996: Medicaid M	lembership
Plan Name	Discharges	Annualized Days	Average
		per 1000	Length of Stay
BCN-EM	38	213	3.4
CC	328	476	4.6
Comm	99	385	3.6
FHP	20	279	2.2
HAP	803	486	3.7
HPOM	135	921	4.2
MCare	173	318	3.9
Omni	1.313	368	3.4
PHP	232	423	3.8
SC	299	640	4.1
WP	4,253	502	4.1

	on for the Third Qua	arter of 1996: Medicare l	Membership
Plan Name	Discharges	Annualized Days	Average
		per 1000	Length of Stay
BCN-EM	282	1,577	6
BCN-GL	135	1,321	5.7
BCN-HC	301	1,712	6.3
BCNSEM	517	2,019	7.3
HAP	. 1,884	2,481	6.9
HPOM	572	2,481	6.9
SC	47	1,041	8.6

Hospital days per 1000 members decreased - dramatically, in some instances. Since our 1994 report did not break down utilization by enrollment type, comparisons between 1994 and the most recent data are difficult. Relatively small enrollment of Medicaid and Medicare beneficiaries in some plans make the hospital utilization indicators for those enrollment types extremely sensitive to catastrophic cases.

Across all plans for total membership, the average hospital days per 1000 decreased from 345 in 1994 to 305 in 1996. In 1996, average annualized hospital days per 1000 were 229 for commercial membership; 467 for Medicaid membership; and 1,773 for Medicare membership.

Preventive services are among the measures now reported to the Michigan Department of Community Health. Individual plan reports feature information on immunizations, mammograms and physical examinations for each plan. Chart 7 provides information on annualized immunization rates per 1000 members. Chart 8 displays annualized physical exams per 1000 members. Data for both measures are derived from quarterly utilization reports filed with the Michigan Department of Community Health for the third quarter of 1996.

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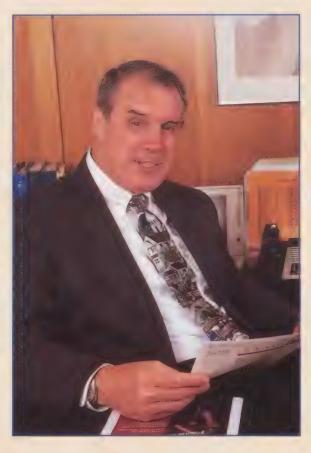
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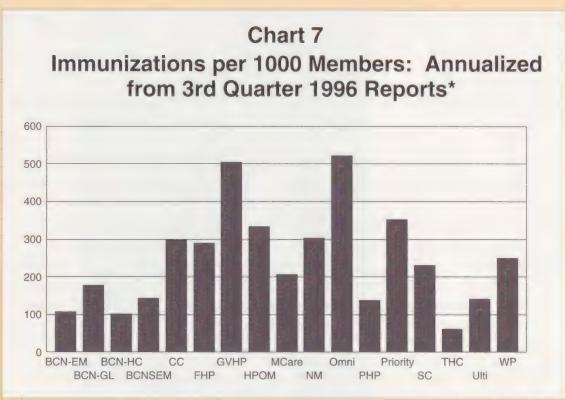
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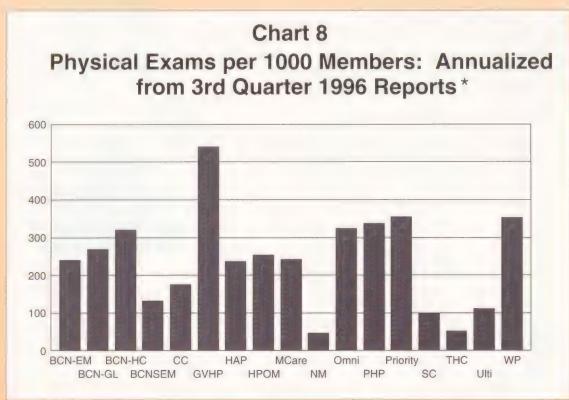
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continued from page 30



\*Excludes Medicare enrollment. Immunization reported by Health Alliance Plan does not include immunizations in the Henry Ford Medical Group, and is not included in this chart.

Accreditation by the National Committee for Quality Assurance (NCQA) is one quality measure purchasers and patients use to judge the quality of health plans. NCQA accreditation evaluates the organization and operation of health plans. The Health Plan Employer Data and Information Set (HEDIS) is a set of standardized performance measures developed by NCQA to enable more complete evaluation of plan performance. The Michigan Department of Community Health will use HEDIS measures to evaluate performance of qualified health plans under the department's capitation initiative. Reports on individual health plans will include information on the plan's NCQA accreditation status. The NCQA website (http://www.ncqa.org/) provides information on NCQA programs and features accreditation summary reports of some plans.



\*Excludes Family Health Plan

#### **V. Financial Analysis**

Health plans included in our analysis of financial stability include all licensed HMOs and Blue Cross Blue Shield of Michigan. This analysis is based on annual financial reports for 1995. All information is presented as filed with the Michigan Insurance Bureau; therefore, any inconsistencies are the responsibility of the plan filing the report.

Last year, MSMS provided information based on 1994 year-end reports. Recent changes in standards of the Financial Accounting Standards Board regarding accounting for certain investments, made it necessary for several entities to restate their 1994 results. In general, the impact of this change was to decrease certain investments and increase long-term investments. Profitability may have been changed by reclassification. In instances where 1994 results were restated, the changes have been incorporated and are noted on the tables.

Two HMOs, Family Health Plan and Ultimed, began operation during 1995. Since they did not complete a full year of operation at the time of the report, their results would be expected to differ from other plans'.

The following tables present information on general financial indicators for each of the plans. Included are: total assets, surplus, total profit, total revenues, and number of days claims in surplus.

Also included are profit, medical loss and administrative expense percentages for each plan. These are depicted graphically in **Chart 9**.

\*\*Continued on page 35\*\*

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#### **Selected Michigan Health Plans Total Assets**

(000's omitted)			
	1995	1994	1993
BCBS-MI	\$2,744,597	\$2,580,621	\$2,429,786
HAP	272,148	253,295	213,938
BCN-SEM	239,040	194,905	169,922
WP	153,919	114,735	87,886
BCN-GL	80,069	67,286	54,620
BCN-EM	78,383	59,372	46,555
CC	73,009	63,704	58,570
MCARE	59,890	48,395	32,880
BCN-HC	56,794	51,436	42,420
THC	49,125	29,458	21,678
HPOM	47,517	35,726	33,351
SC	46,220	46,640	29,239
Omni	40,726	47,411	39,260
PHP	33,370	31,456	67,778
Priority	31,838	31,766	23,727
GVHP	12,899	11,186	7,342
NM ·	5,721	3,133	2,649
Ulti*	1,476	NA	NA
FHP*	1,405	NA	NA

<sup>\*</sup>Family Health Plan and Ultimed did not complete a full year of operation in 1995 and their results should be atypical of other plans

Total assets include only those assets which meet the criteria for inclusion by the State. In general, growth here is steady for all organizations except SelectCare HMO and Omnicare Health Plan.

#### **Selected Michigan Health Plans Surplus**

(000's omitted)			
· ·	1995	1994	1993
BCBS-MI	\$891,580	\$628,753	\$601,977
BCN-SEM	138, 370	103,133	78,516
HAP	106,721	90,332	80,511
WP	61,148	45,223	34,736
MCare	43,203	32,678	22,461
BCN-EM	27,573	19,556	9,101
THC	26,401	16,783	13,637
HPOM	19,958	14,276	8,114
BCN-GL	19,875	10,712	8,875
BCN-HC	18,539	14,390	5,926
Omni	16,379	16,074	14,927
CC	15,625	10,029	7,117
SC	14,869	14,877	13,233
PHP	13,096	9,896	6,905
Priority	6,533	5,766	8,058
GVHP	6,289	5,151	3,559
NM	1,702	990	634
FHP*	1,091	NA	NA
Ulti*	463	NA	NA

<sup>\*</sup>Family Health Plan and Ultimed did not complete a full year of operation in 1995 and their results should be atypical of other plans

Surplus here is defined as the total equity position. It is a measure of the total investment made in the organization plus or minus any cumulative gains or losses that have occurred over time, and not transferred to owners or affiliates.

Surplus has remained fairly consistent between 1994 to 1995 with most organizations experiencing growth. The rankings also remain constant between the two years. The top seven, as well as the lowest four (excluding Family Health Plan & Ultimed HMO) are identical. The most significant changes among the remaining six plans were: SelectCare dropped from eight to 13, while BCN-Great Lakes moved from 12 to nine.

#### Selected Michigan Health Plans Total Profit

(000's omitted)			
,	1995	1994	1993
BCBS-MI	\$262,827	\$26,776	\$31,736
BCN-SEM	26,587	30,547	20,328
WP	16,003	10,289	14,155
HAP	12,428	15,298	9,458
THC	9,726	3,207	4,538
MCare	8,368	12,107	5,947
BCN-GL	6,947	3,884	2,211
BCN-EM	6,020	11,131	3,641
CC	5,595	5,352	3,059
HPOM	5,258	6,956	2,890
PHP	3,223	3,173	585
BCN-HC	2,155	7,431	996
SC	1,991	1,645	2,374
GVHP	1,670	1,986	1,642
NM	695	13	18
Omni	203	1,305	1,213
FHP*	33	NA	NA
Ulti*	(1,072)	NA	NA
Priority	(1,677)	1,330	1,478

<sup>\*</sup>Family Health Plan and Ultimed did not complete a full year of operation in 1995 and their results should be atypical of other plans

During the period 1994-1995, nine organizations or 53 percent, had declining profitability. Priority Health profits declined approximately \$3 million. Blue Cross Blue Shield of MI experienced tremendous growth, relating mainly to the adoption of new standards by the Financial Accounting Standards Board. Northmed's profits also grew significantly as a result of revenue increases of 27.8 percent, and expense increases of only 24.3 percent. Others experiencing significant growth were Comprehensive Health Services and Total Health Care Inc.

#### Selected Michigan Health Plans Total Revenues

	Selected Michigan Health Flans 10	idi kevenues	
(000's omitted)			
	1995	1994	1993
BCBS-MI	\$6,292,447	\$5,963,020	\$5,773,029
HAP	830,991	785,782	709,002
BCN-SEM	304,244	265,844	215,392
PHP	271,881	245,532	208,420
WP	269,212	224,899	181,749
CC	242,322	219,312	192,489
BCN-GL	218,965	216,769	210,809
Omni	172,574	159,546	141,993
HPOM	168,769	148,115	165,914
SC	148,690	140,654	127,102
Priority	148,183	124,159	93,335
BCN-EM	145,167	136,548	119,682
MCare	132,656	108,156	77,850
BCN-HC	131,589	131,024	127,054
THC	96,758	79,739	33,165
GVHP	37,644	31,557	26,821
NM	23,415	18,320	13,499
Ulti*	1,187	NA	NA
FHP*	262	NA	NA

<sup>\*</sup>Family Health Plan and Ultimed did not complete a full year of operation in 1995 and their results should be atypical of other plans

Total revenues include non-premium revenues (including interest income or miscellaneous sales). All plans experienced growth in revenue from 1994 to 1995. During the period 1993 to 1995 the same plans comprise the "top ten" ranked by revenue.



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Selected Michigan Health Plans Days Claims in Surplus				
	1995	1994	1993	
BCN-SEM	207.7	179.2	166.2	
MCare	146.3	144.7	129.4	
THC	140.7	96.7	227.8	
WP	101.8	87.8	88.4	
BCN-EM	77.9	61.0	30.7	
GVHP	74.1	76.1	62.0	
BCBS-MI	57.9	42.8	42.5	
BCN-HC	56.1	45.5	18.9	
HAP	51.2	46.0	45.0	
HPOM	49.7	41.9	20.4	
SC	43.5	46.0	46.1	
Omni	42.6	45.4	47.3	
BCN-GL	38.0	20.3	17.4	
NM	31.3	22.6	19.9	
CC	27.5	19.5	15.6	
PHP	20.0	16.7	13.6	
Priority	17.8	19.8	36.9	
FHP*	2659.3	0.0	0.0	
Ulti*	133.1	0.0	0.0	

<sup>\*</sup>Family Health Plan and Ultimed did not complete a full year of operation in 1995 and their results should be atypical of other plans

Days claims in surplus is an attempt to quantify how well capitalized the organization is relative to the amount of activity reported by the health plan. High numbers indicate a degree of relative strength. The calculation of the figure ((Total Equity/(Annual Health Claims Cost/365)), makes it somewhat vulnerable to the problems associated with a classification of medical claims. That is, medical claims cost and administrative cost categorization may not be consistent between staff model HMOs and other organizations. Further, organizations that are generally equity-rather than debt-financed will show greater numbers.

#### Selected Michigan Health Plans Profit (Gain) Percentages

	1995	1994	1993
THC	10.1	4.0	13.7
BCN-SEM	8.7	11.5	9.4
GVHP	6.6	9.6	9.2
MCare	6.4	11.2	7.6
WP	5.9	4.6	8.6
BCN-EM	4.1	8.2	3.0
NM	3.2	0.1	0.1
BCN-GL	3.2	1.8	1.0
HPOM	3.1	4.7	1.7
BCBS-MI	2.6	1.4	2.3
CC	2.3	2.4	1.6
SC	2.1	1.8	2.7
BCN-HC	1.6	5.7	4.1
HAP	1.5	1.9	1.4
PHP	1.2	1.3	0.3
Omni	-0.0	1.0	0.9
Priority	-2.7	1.6	2.4
Ulti*	-90.3	NA	NA
FHP*	12.7	NA	NA

<sup>\*</sup>Family Health Plan and Ultimed did not complete a full year of operation in 1995 and their results should be atypical of other plans

Profit percentage is defined here as the proportion of total revenue that exceeds total expenses. Profit percentages have shown somewhat wider ranges of variability than might be expected. While profits, in general, grew from 1993 to 1994, 1995 profits declined for 11 of the 17 plans, or 65 percent (Family Health Plan and Ultimed HMO were excluded). The mean profit percentage declined from 4.3 percent in 1994 to 3.5 percent in 1995.

	Selected Michigan Health Plans Medical Loss Percentages	
	1995 1994	1993
BCN-HC	91.6 88.0	90.0
HAP	91.6 91.3	92.1
Priority	90.2 85.5	85.3
BCBS-MI	89.2 90.0	89.5
BCN-EM	89.0 85.6	90.3
PHP	87.8 88.2	88.9
BCN-GL	87.1 88.6	88.5
HPOM	86.8 83.9	87.3
CC	85.7 85.6	86.6
NM	84.8 87.2	86.1
SC	83.9 83.9	82.5
GVHP	82.2 78.3	78.2
WP	81.5 83.6	78.9
Omni	81.3 81.0	81.1
BCN-SEM	79.9 79.0	80.0
MCare	79.4 76.2	81.4
THC	70.8 79.5	65.9
Ulti*	70.4 NA	NA
FHP*	28.2 NA	NA

<sup>\*</sup>Family Health Plan and Ultimed did not complete a full year of operation in 1995 and their results should be atypical of other plans

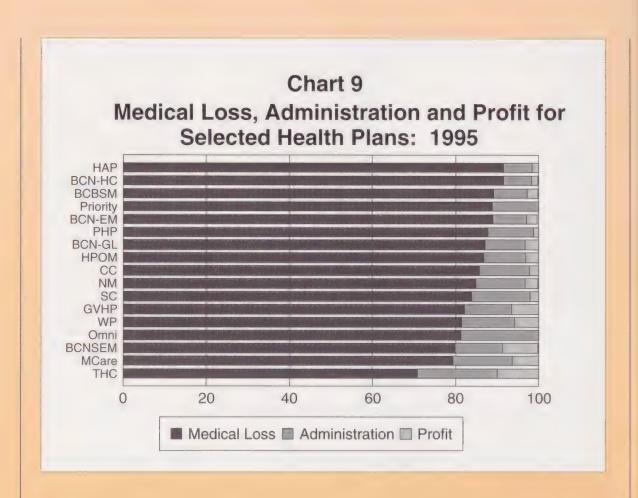
Specifically, medical costs are to include physician services, other professional services, outside referrals, emergency room and out-of-area services, inpatient services, incentive pool expenses, other medical and hospital services, net reinsurance costs, less copayments and COB. In theory, occupancy, depreciation and amortization expenses related to medical care delivery are to be separately identified. In practice, these costs are reported in aggregate with other medical costs for some of the staff model HMO's. Therefore, medical loss percentages present a similar dilemma to administrative costs in that facility costs are not reported consistently between staff HMO's and IPA models. Organizations with low profit percentages tend to report higher percentages also.

Selected Michigan Health Plans Administrative Cost Percentages

	1995	1994	1993
THC	19.2	16.5	20.4
Omni	18.7	18.0	18.1
MCare	14.2	12.6	11.0
SC	14.0	14.3	14.8
WP	12.6	11.8	12.5
Priority	12.5	12.9	12.3
CC	12.0	11.9	11.8
NM	11.9	12.7	13.7
BCN-SEM	11.3	9.5	10.5
GVHP	11.2	12.1	12.6
PHP	11.0	10.5	10.8
HPOM	10.1	11.4	10.9
BCN-GL	9.7	9.6	10.5
BCBS-MI	8.1	8.6	8.1
HAP	6.9	6.8	6.5
BCN-EM	6.9	6.2	6.6
BCN-HC	6.7	6.3	5.8
Ulti*	119.9	NA	NA
FHP*	59.2	NA	NA

<sup>\*</sup>Family Health Plan and Ultimed did not complete a full year of operation in 1995 and their results should be atypical of other plans

Administrative expenses are to include compensation for non-health care personnel, interest, occupancy costs for non-health care space, as well as marketing, legal, management, accounting, consulting, travel, telephone, postage and miscellaneous expenses. Administrative cost percentages seem to be lower in staff model HMO's. It would seem unlikely that any State HMO could achieve the administrative efficiencies that are possible with the size of BCBSM, yet three organizations do so. At issue here is the expense classification of facility costs of staff model HMO's as either health care claims cost or administrative expense. However, despite this single question issue, variances remain in administrative costs. Administrative costs may include a variety of contracts with affiliated companies that may mask additional profits at these affiliated companies.





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continued from page 15

meet your peers, and yes, even get to know some of us older physicians.

I'm concerned about your not being a part of the house of medicine. How can we nurture you and guide you if you don't come to meetings, nor involve yourselves in organized medicine? What will happen to KCMS without you? Who will carry your concerns to MSMS or the AMA? Who will deal with local issues? You can bet your managed care organization will not be

your friend. Your society represents you. You could have a voice in local, state and national policy, but you let us do this work for you. What will happen when we're not here? You surely don't think that everything will be okay when there no longer is a KCMS or MSMS. Alone you have a small voice, but together we can be a chorus. We are the family and profession of medicine. It is your future that this letter addresses.

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#### **MSMS Meetings**

#### May

- 1-4, House of Delegates. Location: Grand Traverse Resort. Contact: Donna Brown at MSMS at 517-336-5735.
- 2, MSMS Women's Caucus. Location: Grand Traverse Resort. Contact: Sherry Barnhart at MSMS at 517-336-5786.
- 14, Capitol Check-Up Day. Location: Capitol, East Lansing. Contact: Donna LaGosh at MSMS at 517-336-5788.
- 15, MSMS Internet Training Seminars. Location: Grand Rapids. Contact: Jody Jodway at MSMS at 517-336-7604.
- 16, MSMS Internet Training Seminars. Location: Novi. Contact: Jody Jodway at MSMS at 517-336-7604.
- 20, MSMS Internet Training Seminars. Location: Battle Creek. Contact: Jody Jodway at MSMS at 517-336-5604.
- 23, MSMS Internet Training Seminars. Location: Troy. Contact: Jody Jodway at MSMS at 517-336-7604.

#### AMA

#### June

22-26 AMA Annual Meeting. Location: Chicago Hyatt Regency, Chicago, IL. Contact: Judy Marr at MSMS at 517-336-5744.

#### **Specialty Societies**

#### April

- 5-9, American College of Surgeons Interim Meeting. Location: Hyatt Regency San Diego, San Diego, CA.
- 9-11, Michigan Patient Accounting Association. Location: Dearborn Inn, Dearborn. Contact: Douglas A. Headman at MPAA at 800-866-6228.
- 10-11, CME Accreditation and Michigan Association for Medical Education—Educational Seminar. Location: The Athletic Club, East Lansing. Contact: Melissa Wiegand at MSMS at 517-336-7586.
- 17, Michigan Vascular Society Meeting. Location: Novi Hilton, Novi. Contact: Joan Elliot at Vascular Associates, PC, at (6160459-8700.
- 19, Michigan Society of Anesthesiologists Spring Meeting. Contact: Jennifer Anibal at MSMS at 517-336-7595.
- 23, Michigan Dermatology Society. Location: Troy Marriott. Contact: Jennifer Anibal at MSMS at 517-336-7595.
- 24-25, Michigan Medical Group Managers Association. Location: East Lansing Marriott. Contact: Debbie Zannoth at MSMS at 517-336-5763.

24-27, Michigan Society of Medical Assistants. Location: Dearbon, Contact: Caroline Kimmel at MSMS at 517-336-7587.

#### May

- 1-4, MSMS Alliance House of Delegates. Location: Grand Traverse Resort. Contact: Jennifer Anibal at MSMS at 517-336-7595.
- 6-9, Michigan Society for Respiratory Care Annual Spring Meeting. Location: Amway Grand Plaza, Grand Rapids. Contact: Caroline Kimmel at MSMS at 517-336-7587.
- 7-10, Michigan Chapter, American College of Surgeons Annual Meeting. Location: Grand Traverse Resort. Contact: Melissa Wiegand at MSMS at 517-336-7586.
- 10, Michigan Society of Internal Medicine Annual Spring Meeting. Location: Doubletree Suites, Southfield. Contact: Caroline Kimmel at MSMS at 517-336-7587.
- 10, Michigan Society of Pathologist Education Seminar. Location: University of Michigan Towsley Center, Ann Arbor. Contact: Melissa Wiegand at MSMS at 517-336-7587.
- 19, Health Education Foundation Golf Outing. Location: Lansing Country Club. Contact: Judy Marr at MSMS at 517-336-5744.

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Nominations may be made by an individual physician or by any interested party. Include a copy of the published article in which the research is presented plus the name, degree, title, address, organizational affiliation and phone number of the nominee.

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#### Immunity for PO peer review

continued from page 6

Although opposition to expanding the legal protections to physician organizations can be anticipated, particularly from trial lawyers, public policy clearly supports such legislation. If physician organizations cannot review the qualifications and competency of their physician members, and evaluate their clinical practices, candid peer review will simply not take place. There is as much reason to afford the peer review protections of immunity and confidentiality to peer review committees of physician organizations as there was to extend the protections to peer review committees of health care facilities when the existing statute was enacted.

In addition to the statutory peer review immunity protection, component societies and other entities can achieve some protection through indemnification provisions in their corporate bylaws and limited immunity provisions in their articles of incorporation. Insurance coverage is also available to provide liability protection to peer review committees.

The author is senior partner in the Detroit law firm of Kerr, Russell, Weber, and is MSMS legal counsel.



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3-6, The Osler Institute Addiction Psychiatry, Medicine and Psychology Exam Review and Update Course. Location: Phoenix. Contact: Joseph Selliken, MD, 1094 East Dawn Dr., PO Box 2218, Terre haute, IN 47802; Phone (800) 356-7537 or (812) 299-5658 or Fax (812) 299-2775. Registration fee: \$840 for practicing physician; \$560 for resident, fellow, or non-physician. Approved for: Credits vary.

4-5, Clinical Pulmonary Update. Location: Washington University Medical Center, Eric P. Newman Education Center (EPNEC), St. Louis, MO. Contact: Office of Continuing Medical Education, Washington University School of Medicine, Campus Box 8063, 660 S. Washington University Medical Center, Eric P. Newman Education Center (EPNEC), St. Louis, MO. Approved for: Hour-for-hour basis.

10-12, Hip and Knee Reconstruction: Controversies and Stateof-the-Art. Location: Pointe Hilton at Squaw Peak, Phoenix, AZ. Contact: Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 First St., SW, Rochester, MN 55905, Phone 800-323-2688. Approved for: 15 Category 1 credits. Registration fee: \$575.

12, Clinical Psychopharmacology Review & Update: Anti-Psychotic & Mood-Altering Treatments. Location: Seeley Conference Center, The Menninger Clinic, 5800 SW Sixth Ave., Topeka, KS. Contact: Menninger Continuing Education, PO Box 829, Topeka, KS 66601-0829; Phone: 800-288-7377 or 913-350-5992. Approved for: 6 Category 1 credits. Registration fee:

13-15, Emergency Medicine for the 21st Century. Location: Towsley Center, Ann Arbor. Contact: Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Profession, University of Michigan Medical School, PO Box 1157, Ann Arbor, MI 48106-1157. Approved for: 22.5 Category 1 credits.

15, 22, Bar-Levav Educational Association Ongoing Seminar Series "The Psychotherapists' Role in Helping Patients Develop Realistic Values." Contact: Lester Potempa, DO, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810)353-5333. No registration fee. Approved for: 4 Category 1 credits.

26, "Physicians in Managed Care-New Skills and Values," sponsored by Blue Cross Blue Shield of Michigan and MSMS. Location: Blue Cross Blue Shield auditorium, 27000 W 11 Mile Rd, Southfield. Contact: Lee Singleton, Office of Continuing Medical Education at 313-225-0163 or by internet at http://www.bcbsm.com/ cmesiller.shtml. Approved for: 4 Category 1 credits.

29, May 6 Bar-Levay Educational Association Ongoing Seminar Series "The 'True and False Self.': How Valid are These Concepts?" Contact: Lester Potempa, DO, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075 (810)353-5333. No registration fee. Approved for: 4 Category 1 credits.

30-May 4, Critical '97: 11th Annual Review and Update. Location: Hyatt Regency, Washington, D.C. Contact: Center for Bio-Medical Communication, Inc., Phone (201)385-8080, Fax (201)385-5650. Registration fee: \$795 for physicians. Approved for: up to 41.25 Category 1 credits.

5-9, 18th Annual Practice of Internal Medicine. Location: Mayo Clinic, Rochester, MN. Contact: Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 First St. SW, Rochester, MN 55905, 800-323-2688. Approved for: 31 Category 1 credits. Registration fee: \$575.

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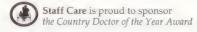
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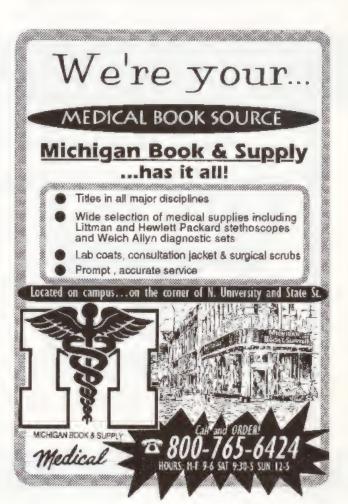
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#### Rep. Stabenow on health

#### continued from page 8

sponsoring cuts in the Michigan Single Business Tax. She has also advocated a number of health-related causes in her career, including measures against domestic violence and drunk driving, as well as handicapper issues. In Michigan, she served on the House Public Health Committee and chaired the House Mental Health Committee.

Her new assignments in the U.S. House include the Agriculture Committee and the Science and Technology Committee, the latter including oversight of medical research. One of Stabenow's top legislative priorities in Congress will be the issue of long-term health care.

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The author is a Riverdale-based freelance writer.

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#### PRESIDENT'S PERSPECTIVE

#### Finding a sense of civility

Doctors must lead in the dialogue against violence

By W. Peter McCabe, MD



oward the end of this past baseball season, many of us were appalled by the spectacle of a player named Alomar spitting in the face of an umpire. Another example, albeit an extreme one, of a spoiled athlete feeling he's above the constraints of polite convention.

The implication was that this boorish, loutish behavior is confined pretty much to sports figures. The larger question, really, is whether such athletes, and other practitioners of outrageous manners, aren't in fact holding a mirror up to society, reflecting a certain "dumbing down" of the fabric of human discourse.

#### Stifling Selfishness

The common denominator underlying much of this is a stifling selfishness which nicely complements the national fetish with one's rights to the exclusion of any sense of one's responsibilities. We physicians see this in the daily practice of medicine. The anger level among patients seems to rise every year to the point where the gentle art of healing sometimes seems to degenerate to the level of mortal combat.

I wouldn't be surprised if this isn't symptomatic of the tide of violence which periodically sweeps through society. Right now, if you believe police crime statistics, we seem to be in a trough where indices of violence... homicide and assault rates... are at a 20-year low. But watch out, criminologists say, there's a wave of potential violence out there in the person of young predators in the pre-teen age group who, when they come of criminal age, can easily reverse those statistical trends.

To the emergency room physicians who wash society's dirty linen in the tide of violence that sweeps into the nation's hospitals, such statistics seem much too sanguine. The stabbings, muggings and gunshot wounds continue unabated. To some extent, this seems a function of the cowboy mentality upon which so much of this country's psyche seems to have hinged. Settle grievances immediately with a shoot-out at the O.K. Corral.

This throwback to some elemental form of tribalism seems so much at odds with behavior in older, more settled societies. I did a fellowship in London at the end of my residency, and I can well recall the horror the English expressed at some particularly heinous crime in the US. The BBC would often interrupt its regular programming to patch into live coverage of some shoot-out in Chicago, clucking in lofty disdain at the savages in the colonies. Not that the English have so much to be condescending about... their history is studded with bloody conquests. But mature societies such as theirs have ultimately made an accommodation

to the pressures of people living at close quarters and, for their own selfpreservation, have evolved a social and legal code which has served to keep the mayhem to a minimum.

Not so in this country, which for much of its history has had the frontier to take the pressure off societal frictions. As Horace Greely said, "Go West, young man," so now we're back to that shoot-out of the corral.

#### Code of behavior

The problem is that we haven't adjusted that frontier mentality to urban realities. We haven't institutionalized a code of behavior, a civility, if you will, which gives people who live at close quarters a sense of space and dignity which, if it doesn't eliminate anger and rage, at least channels it into less destructive paths.

I mention all this by way of commenting that all the cops, all the laws, all the .357 magnums aren't going to control that tide of violence unless we Americans become more civil to each other, which basically is a respect for our fellow human beings. We in the medical profession must take a lead in this dialogue, if only because we see the price violence extracts from society.

Doctor McCabe is MSMS President.

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## MichiganMedicine

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Photo by Roger Hill

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Beginning May 1, you may purchase stock in Michigan Medical Advantage, the new physician-owned, physician-directed company created to serve Michigan physicians in the managed care environment. Read through this month's cover story to learn about this latest MSMS venture.

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By Cathy O. Blight, MD

April 1997 Volume 96, Number 4

MSMS Internet Website Address: http://www.msms.org/ Celebrating 50,000 "hits" this month!

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This Detroit emergency room physician has found a way to mix her passion for making others laugh with her desire to educate and heal.

By Karen Bouffard

#### PUBLIC HEALTH

#### How do the public and physicians feel about aiding in death?

When MSMS began a series of forums to discuss guidelines and safeguards for physician-assisted suicide in January 1997, the society requested a study on public opinion regarding suicide. Learn what the University of Michigan Institute for Social Research discovered in these pages.

by Jerald G. Bachman, PhD; Howard Brody, MD, PhD; Kirsten H. Alcser, PhD; Richard L. Lichtenstein, PhD; David J. Doukas, MD; Amy D. Corning, MA

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#### LETTERS



#### Great Lakes fish health

The recent controversy about eating Great Lakes fish is intriguing. Back in March 1992, the Genesee County Medical Society issued its report after reviewing the literature on this controversy. Our recommendation was that "Great Lakes fish not be eaten by children or by men or women who ever plan to have children." We arrived at this conclusion based upon studies which found that children of women who ate three fish meals a month had "deficits in verbal memory, which includes memory for words, sentences and a story and numerical memory" and also "poorer visual recognition." These children are now in their early teens and still show academic deficits in relation to peers born of parents who did not eat Great Lakes fish. A new study from Oswego, New York, published last year in the New England Journal of Medicine confirms earlier findings.

The International Joint Commission and EPA have strict guidelines concerning Great Lakes fish.

As physicians, we need to make sure that the public is aware of the health dangers even when elected or appointed officials disagree. The Michigan Department of Public Health has a mission to protect our children, but it has obviously defaulted on this issue. The science available strongly supports fish advisories, but for whatever reason this Governor has decided to ignore it. Nonetheless, children perform poorly in school for a number of reasons and toxicology may well be one of them. This Administration needs to learn a basic precept: environmental degradation leads to poorer public health.

Sincerely,
Robert M. Soderstrom, MD
Chair, Environmental Health
Taskforce

Genesee County Medical Society

#### Ethnicity shouldn't influence medical opportunities

In a joint statement by six key players in medical education brought together by the AMA, a recommendation was given to give all graduates of the US Medical Schools an opportunity for graduate medical education and align federal funding for graduate medical education portions more closely to the number of US medical graduates.

This self-serving recommendation by the Osteopathic and Allopathic Medical Colleges to protect their worst graduates from competing with the best international graduates is a policy of protection and anti-competitiveness and is anti-American in spirit.

It encourages subsidizing some lower quality US graduates to compete with the best physicians who graduated outside the US. It encourages the graduate medical education program directors to accept residents not based on merit and qualities, but rather, based on their place of medical education.

The American people deserve the best, including the best physicians regardless of their country of education and it is the AMA's job to strive to give the American people the best qualified person for that job. Let these physicians compete for a fewer number of graduate medical education training positions and let the best qualified of them serve our patients.

If there is an over supply of "apples," get rid of the bad ones, no matter where they come from.

Sincerely,

Abd A. Alghanem, MD

#### Express your point of view in Michigan Medicine.

To submit a letter, mail, fax, or e-mail it to Michigan Medicine, 120 W. Saginaw St., East Lansing, MI 48823; fax (517) 337-2490; or e-mail jmarr@msms.org. Please type letters you submit for publication. Letters are published at the discretion of the editor and are subject to editing and abridgment. Letters represent the opinions of the authors and do not necessarily reflect the policies of the Michigan State Medical Society.

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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

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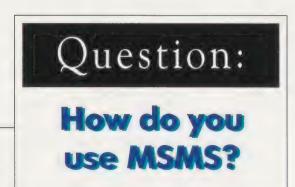
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Frankly, not as wisely as I probably could. As a DO, I continue to feel as an outsider and do not avail myself of many of

the opportunities offered, e.g. health and dental plans for my group of 11 physicians, purchasing and leasing of different products, etc.

Bert Bez, DO

Anesthesiology, Lansing

As a resource bank for information to deal with: a) insurance companies—direct or indirectly through MSMS committees or representatives and b) legislative representative in Lansing and Washington; to find referral doctors for patients moving to different geographic areas in Michigan; and to represent my interests as a physician practicing in Michigan.

Alan M. Mindlin, MD

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Roger Kahn, MD

Cardiovascular Diseases, Saginaw

As a way to protect the medical profession and even to a greater extent, the consumer and general population. Every profession, especially one as large as ours, must have a voice and representation. MSMS must become stronger and more active than it is. We must start to get involved in challenging the payer and managed care organizers.

Firooz Banooni, MD

Obstetrics/Gynecology, Bingham Farms

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Thomas J. Zuber, MD

Family Practice, Midland

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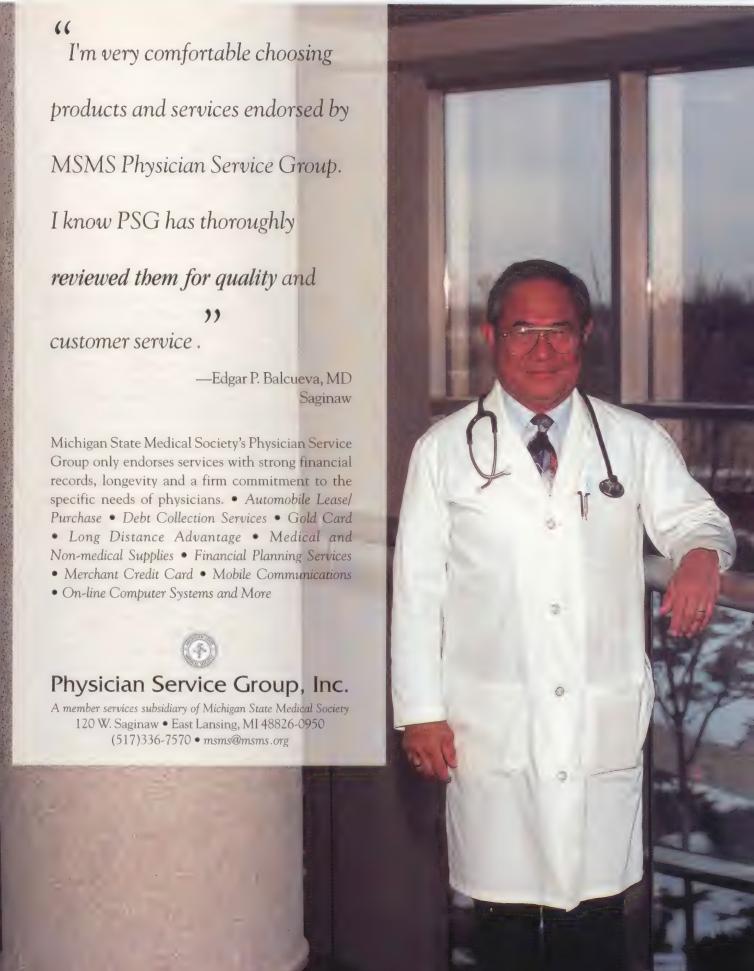
Jack Billi, MD

Internal Medicine, Ann Arbor

As a person closer to MSMS, I am in touch with the issues. But a lot of doctors do not really know what MSMS is doing for them. For this, I think a more personal approach to physicians is needed; ask them to join MSMS and share.

Ashok Sonnad, MD

Family Practice, Edmore



#### Coverage for the elderly.

Divesting assets to receive Medicaid

By Richard D. Weber

Question: I treat many elderly patients who often ask about longterm nursing home care and Medicaid coverage. I know that a person simply cannot give his assets away and then apply for and receive Medicaid coverage, but I am uncertain as to the criteria. I have also read that the new federal legislation has imposed criminal penalties on persons who divest their assets and apply for Medicaid. Can you explain this confusing area?

Answer: Medicare is an entitlement and available to anyone who is receiving Social Security. It does not pay for long term nursing home costs. Medicaid does pay for long term nursing home costs but is available only to those who pass strict asset and income tests. In order to pass these tests, some people are advised to gift away their assets.

The problem of elderly persons divesting assets in order to become eligible for Medicaid coverage for long-term nursing home care has been persistent. When an individual applies for Medicaid, the application requires a listing of prior asset transfers for less than fair consideration, such as gifts. The Michigan Department of Social Services reviews the applicant's transfer of assets for a period of 36 months preceding the date of the application. This is called the "look back" period. The applicant is assessed a period of ineligibility for assistance if he or she has made transfers of assets, other than specified exempt transfers, for less than fair market value consideration during this 36 month look back period. The period of ineligibility is calculated by dividing the value of the assets transferred by the average monthly cost of a nursing home in the applicant's area. For example, if a person transfers his home worth \$120,000 to his adult children, and the average nursing home cost is \$2400 per month, the person's ineligibility will be 50 months. If the transfer took place more than 36 months prior to the application for assistance, there would be no ineligibility. The "look back" period is 60 months for transfers to trusts.

On August 21, 1996, President Clinton signed the Health Insurance Portability and Accountability Act, otherwise called the Kassebaum-Kennedy bill, which took effect January 1, 1997. The Act imposes criminal penalties on an individual who: knowingly and willfully disposes of assets (including any transfer in trust) in order for an individual to become eligible for medical assistance under a state plan under Title XIX, if disposing of the assets results in the imposition of a period of ineligibility for such assistance under section 1396b(c) of this title.

This federal statute has implications beyond the elderly person who may someday require nursing home care. The statute also applies to those persons who may assist the Medicaid applicant. This provision is clearly designed to apply to attorneys and estate planning counselors, but it could also be applied to physicians who might counsel their patients. The statute specifically imposes criminal penalties on anyone who "aids, abets, counsels, commands, induces or procures" the commission of a violation by another.

This statute has been severely criticized. It is ambiguous and imposes crimes on people who may not get proper legal advice. It may be deficient on constitutional grounds, because it does not require a clear criminal intent to commit the crime. Conceivably, a person could innocently make gifts to his children and, within three years, fall on hard times and deplete the balance of his assets and require Medicaid assistance for long-term nursing care. The primary purpose for making the gifts in the first place could have been unrelated to Medicaid eligibility.

The Medicaid applicant who violates this law can be jailed up to five years and fined \$25,000. The person aiding the Medicaid applicant can be jailed up to one year and fined \$10,000. continued on page 48

Editor's Note: if you have legal questions you would like answered by MSMS legal counsel in this column, send them to Judy Marr, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950, or fax them to (517) 337-2490 or e-mail them to imarr@msms.org. You may respond to Mr. Weber's column on-line now at http://www.msms.org/

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#### Cyber-marketing overwhelms on-line users

By William R. DeCourcy, Jr.

ne of the most aggravating aspects of life online is the recent rise in the number of junk e-mail messages being sent to Internet users. Several firms and individuals have begun a practice known as "cyber - marketing", or "spamming" to try to sell a product or service. "Spamming" involves collecting e-mail addresses from UseNet Newsgroups, List Servers, and Web Site e-mail directories, and using those addresses to send thousands of unsolicited e-mails each day. These messages, beyond being annoying and inconvenient, hurt Internet users as the millions of junk e-mails sent each day take up valuable bandwidth on the Internet. This results is a general slowdown of the Internet, along with causing the delivery of important e-mail messages to be delayed.

#### Canning the "Spam"

Internet users have come to accept "spam" as a fact of online life; web surfers often ignore junk e-mails or feel powerless to prevent the receipt of these messages. Several solutions, however, are available for those e-mail users who would like to be proactive in preventing the abuse of their e-mail address.

One of the simplest ways to pre-

vent repeated junk e-mails is to ask the junk e-mailers to remove your name from their mailing list. Under the provisions of the U.S. anti-junkfax and telemarketer regulation laws (US Code 47.5.II), firms and individuals are prohibited from sending unsolicited "electronic signals over telephone lines for conversion into written text." Several court cases against "spammers" are pending in U.S. court regarding the applicability of this law to junk e-mailers. Although the laws regarding unsolicited e-mails are unclear, most organizations will stop sending you "spam" if you respond to their e-mail with a message asking them to do so. One of the dangers of quoting U.S. law in these matters, however, is the fact that junk e-mails can originate from outside the U.S., effectively circumventing any laws we have in place. Unregulated international "spammers" are an unforeseen consequence of a global

Several pieces of technology have been developed that attempt to block junk e-mail once it has been sent to you. One of the best e-mail filters available is eFilter. eFilter automatically checks your e-mail account for messages containing certain key words or phrases, such as

"free," "offer," or "for immediate release." If a message containing one of these terms is found, it is automatically deleted and a return message is delivered to the "spammer" asking that your address be withdrawn from their mailing list. EFilter is one of the easiest, and most effective ways to protect the privacy of your e-mail account. A shareware copy of eFilter can be downloaded from http://tucows.ncats.net/ mail95.html.

#### Zero junk mail

"Anti-spam" advocates on the Internet have created an "Internet Blacklist" of organizations that abuse e-mail as an intrusive marketing device. One company, Zero Junk Mail works to stop junk e-mail at the source by systematically contacting the companies on the blacklist and asking them to place your e-mail address on their "Do Not Send" list. They also provide a service to companies who are bulk e-mailing by purge your e-mail address from any list submitted to Zero Junk Mail. The service costs \$15.00 per year, per family. More information on Zero Junk Mail can be found at http:// www.zerojunkmail.com/email.htm.

Surfing the Internet is a monthly feature of Michigan Medicine. If you have questions regarding MSMSNET content and/or links, contact Editor of Electronic Communications Claudia Skutar at cskutar@msms.org, or at 517-336-5748. For technical questions about MSMSNET or Voyager Information Services, contact William R. DeCourcy, Jr. at MSMS at wdecourcy@msms.org or at 517-336-7575.

Find us on-line at http://www.msms.org/

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#### MSMS Alliance video teaches "Gunsense"

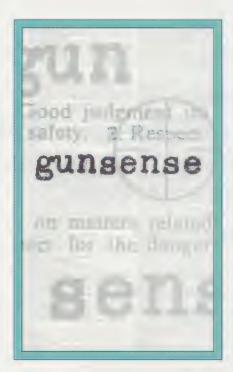
By Velva Clark

A simple electronic operation inserting a video and punching the play button on your office VCR could save your patients' lives. The video that could make such a difference is "Gunsense," produced recently by the MSMS Alliance.

The Alliance initiated a "Gun Awareness Project" through its Health Promotions Committee in 1992 under the presidency of Virginia Mehregan. The purpose of the project was to increase public awareness of the number of children killed due to the careless use of guns in their own homes or in the homes of someone they know. The Alliance wanted to produce a video that would teach the children of our state how to protect themselves and that could be viewed in the waiting rooms of physicians offices and clinics and used by civic organizations.

The output of this effort, "Gunsense," is a set of three short videos which call attention to the danger of guns and teach gun safety. Video 1, "The Ride of Your Life," shares the experience of a child who has been shot, from the emergency room of the hospital through discharge, and presents how a gun shot can change your life forever. Video 2, "A Little Respect," uses an animated talking gun to teach gun safety and would be appropriate for

an elementary and younger age group. Video 3, "The First Line of Defense," depicts a woman using a gun in her home for protection and shows how a case of mistaken identity can cause the loss of someone you love.



The video was produced by Channel 56 (WTVS Detroit) and funded by Blue Cross Blue Shield of Michigan, the Michigan Department of Public Health, Henry Ford Health Systems, Metro Health

Foundation, the Michigan State Medical Society Health Education Foundation and Alfred Berkowitz, MD. It was produced from a script whose writing was funded by a grant secured by the Alliance in 1992 from Blue Cross Blue Shield of Michigan, the Metro Health Foundation and the Michigan State Medical Society Health Education Foundation.

The project was adopted by MSMS under the direction of Gilbert Bluhm, MD, past MSMS president who assisted in securing funding for the project.

The Alliance is asking its members to build a network of coalitions within our communities to increase distribution of the "Gunsense" video. Our Alliance's primary objective is marketing the video for viewing in hospital waiting rooms, physician offices, clinics and public viewing areas. The videos are available free of charge. For more information, please call me at 810-594-1847 or Jennifer Anibal at MSMS at 517-336-7595.

The author is MSMS Alliance chair of video distribution.

continued on page 14



continued from page 12

#### MSMS legislative efforts pay-off

During the past year, MSMS actively talked with state legislators to fight for issues important to you. Below are some of the letters received from individuals regarding those efforts.

#### Via E-mail

Thank you for the e-mail regarding the legislation. With onset of Medicaid/HMO contracting and expansion of managed care in general, the Patient Bill of Rights will become increasingly significant. My congratulations to the Society for a job well done!

Best wishes,

Ernest Hammel, PhD President, MAME

Hooray for MSMS. All the citizens of Michigan are the real winners. WELL DONE!

Thomas E. Stone, MD Muskegon

Congratulations on your lobbying effort during the 11th hour lameduck session. That night in Grand Rapids, a western branch of the MOS was meeting and we were quite uncertain whether the House would follow the Senate in its rush to misjudgment. Thanks so very much for working with MOS on this.

David M. Reifler, MD Grand Rapids

Congratulations to you and others at MSMS who did a great job getting the Patient Bill of Rights passed, and defeated the bill to increase the optometrists' scope of practice. Could you, by the way, send out to me (and perhaps other doctors in the state would appreciate the same), the addresses, e-mails and fax addresses of our state legislators? I would certainly appreciate that so it will facilitate sending mail when the PLN asks for support letters. Thanks.

Madelon K. Krissoff, MD Grand Rapids

Good work! Elizabeth Gresch, MD Midland

#### Via phone

I wanted to thank you for the very fast turnaround on the memo about the Patient Bill of Rights, and the way MSMS handled it all. I've been a real strong advocate of MSMS patting itself on the back on legislative issues... I just think it's a good thing for members to know about. So thanks—that was really fabulous.

Peter Levine Executive Director Genesee County Medical Society



W. Peter McCabe, MD, MSMS President, addresses the public about the importance of donating organs. Doctor McCabe and US Representative, Dave Camp, R - Michigan, left, spoke at a press conference about the Organ Donation Insert Card Act. The Act, sponsored by Rep. Camp and signed by President Clinton in 1996, will result in an estimated 70 million households receiving an organ donor card with their income tax refund checks during 1997. The card encourages donors to discuss their intentions with loved ones so they will approve donation if the occasion arises.



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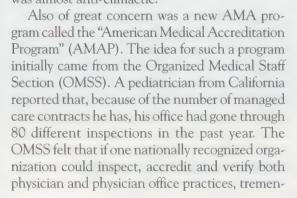
#### AMA establishes new section

Michigan doctors lead the way for IMGs

#### By Cathy O. Blight, MD

he Michigan Delegation to the American Medical Association House of Delegates was awash with activity, as we traveled to Atlanta for the Interim meeting in December. Our delegation was the point delegation and coordination center of the effort to create an International Medical Graduate (IMG) section within the AMA.

Twice before, Michigan had taken such a resolution to the House of Delegates only to see it fall short of acceptance. This time, however, we felt greater optimism for a number of reasons. Michigan physicians, especially AppaRao Mukkamala, MD, and Busharat Ahmad, MD, had become active leaders in the AMA IMG caucus and through this caucus had gained support of other states who were also submitting identical resolutions. The AMA Council on Long-Range Planning had also issued a report emphasizing the need for an IMG section. Armed with this support, Doctor Mukkamala devised an operational strategy to cover all bases including lobbying influential state delegations and minimizing opposition during reference committee hearings and debate on the floor of the House. Pulling together resources and people, the testimony at Reference Committee was so overwhelmingly positive and so persuasive that the recommendation for the section establishment went through the House of Delegates with great speed. There was so little debate that it was almost anti-climactic.



dous time and expense could be saved. It was felt that the program could be handled through a national organization such as the AMA, thus the AMAP project was born. The House was brought up to date in its activities at this time. Pilot programs will soon start in a couple of states in conjunction with locally sponsored medical society programs. The

entire Federation will be kept apprised of the AMAP efforts and programs.

Other discussion revolved around graduate medical education and physician work force issues. With some of the proposed changes in federal financing of GME, there is concern about available positions for all physicians, both domestically and foreign trained. A major proposal accepted by the House was for an authorization system which is both portable for the physician, yet guarantees some base amount of money for the site at which training takes place. Specifics of the system are to be worked out with sensitivity to IMG issues.

Of note was an open hearing on physician work force issues. Sponsored by a variety of organizations including the American Medical Association, the American Association of Colleges of Osteopathic Medicine, the National Medical Association and the Institute of Medicine among others, an expert panel was convened and about 1,000 physicians attended this meeting. After hearing testimony from interested parties, this panel will submit a consensus statement to provide advice to the Federal Government.

With the overwhelming acceptance of the IMG section, and the hard work by many of our Michigan physicians on reference committees and testifying on a myriad of subjects, the meeting was considered a major success.

Reprinted with permission from the Genesee County Medical Society Bulletin. Doctor Blight, a Flint pathologist, is vice chair of the Michigan Delegation to the AMA.



Busharat Ahmad, MD



AppaRao Mukkamala, MD

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# Physician-owned and operated Michigan Medical Advantage meets critical needs

aged care environment your future by purchasing stock in Michigan Medical Advantage Beginning soon, you will have a unique opportunity to invest in company created to help Michigan physicians succeed in a man-(MMA). MMA is the new physician-owned, physician-minded

creation of the company. The minimum investment will be \$2,500 egates in Traverse City, one year after the 1996 House called for MMA will initiate its stock offering at the MSMS House of Del-(250 shares at \$10 per share)

needs of Michigan physicians. latest in a long series of successful MSMS Read this month's cover story for the details concerning MMA, the ventures to meet the

venture. Invest in your future! Support your colleagues in this brave new

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18 Michigan Media - April 1997

#### Physicians can dominate market

Like-minded partner, like Michigan Medical Advantage, can provide the power

#### By Kathleen McKevitt

ichigan physicians will have a new advantage this spring: Michigan Medical Advantage.

The newest Michigan State Medical Society (MSMS) venture, Michigan Medical Advantage (MMA) is a for-profit management services organization (MSO) that will focus on providing managed care administrative services for physician networks, physician organizations (POs) and physician hospital organizations. Managed care administrative services include credentialing, utilization management, quality management, claims payment and information systems.

In April 1996, the MSMS House of Delegates voted to establish MMA in response to extensive research concerning how MSMS can best help physicians succeed in the brave new world

of managed care. MMA was incorporated in September 1996, and its business plan was approved in February 1997. It is expected that at least 50 percent of ownership in MMA will be held by Michigan physicians, 20 percent by MSMS, 20 percent by Michigan Physicians Mutual Liability Company (MPMLC), and no more than 10 percent by other medical societies or by MMA management.

MMA is a physician-owned, physician-minded company which was formed to empower physicians. Kevin Cawley, Chief Operating Officer, describes MMA's mission: "Physicians can dominate

the health care delivery market if they have a like-minded business partner to empower them. MMA's focus is to provide value-added services to physicians and their organizations which are

#### Michigan Medical Advantage Board Members

William Cheeseman, instrumental in raising \$3 million to form Michigan Physicians Mutual Liability Company in the mid 1970s, has managed MPMLC since its inception. Under his direction, the company has grown into a multiline, regional insurance company with a downstream holding company and two stock subsidiaries. He also helped found the Physicians Insurance Association of America, the association of physician-owned liability insurance companies.



Myron Emerick, DO, a general practitioner in Clinton Township and New Baltimore, is a member of the

MPMLC Board of Directors. He is also a member of the American Osteopathic Association, Macomb County Osteopathic Association, the Michigan Association of Osteopathic Physicians and Surgeons, the American College of General Practitioners and the Osteopathic General Practitioners of Michigan.



William E. Madigan is the executive director of the Michigan State Medical Society. He serves as chair of the

American Medical Association
Litigation Center and is a member
of the Physician Holding Company
Board, Group Insurance Trust,
Physician Service Group and
Physicians Review Organization of
Michigan. Additionally, he is a
member of the American Society of
Association Executives, the Michigan Society of Association Executives, the American Association of

willing to step forward and assert themselves in the delivery market."

MMA is the most recent in a long list of organizations created by MSMS to help physicians succeed in the rapidly changing medical practice environment. For example, in the 1970s, MSMS formed MPMLC in response to a crisis in the availability of liability insurance. MPMLC is now a highly successful multi-million dollar company, and the only liability insurer in Michigan whose board is composed entirely of physicians.

MSMS also has established the Physician Service Group, Group Insurance Trust, the Peer Review Organization of Michigan and the Michigan Professional Credentials Verification Service.

# MMA offers the following advantages for Michigan physicians:

**Physicians are major players.** MMA was created by physicians for physicians. Physicians

will constitute a majority of the MMA board, and physicians will be actively involved in all organizational decision-making. MMA provides an opportunity for physicians to become a major force in how health care is delivered. Mary Anne Ford, MSMS Director of Medical Economics and Health Care Delivery, says, "In many ways, physicians have been on the outside looking in on issues like utilization management and quality management. MMA will give physicians the tools to do it themselves."

Carefully Researched. Extensive market research was conducted before the decision was made to establish MMA. This research included site visits to MSOs in other states, a survey of Michigan physicians, and focus groups of Michigan physicians and PO leaders.

A task force identified issues to be studied, such as the impact of managed care, the potential demand for and the benefits and disadvantages of an MSMS MSO, physicians' willingness to purchase services, perceptions of exist

continued on next page

Medical Society Executives and the American College of Health Care Executives.



AppaRao Mukkamala, MD, a Flint radiologist, has served as chair of the department of radiology at

Hurley Medical Center since 1989. He also serves as a board member of the Michigan Physicians Mutual Liability Company (MPMLC) and is a member of the Genesee County Medical Society, MSMS, the AMA, the Michigan Radiological Society and the American College of Radiology.



Kenneth H. Musson, MD, is vice-chair of the board of directors of MSMS. The Traverse City ophthalmologist is

past president and a member of the Munson Medical Center. He is a consultant to the Leelanau Memorial Hospital and Kalkaska Medical Centers. He also serves on the board of directors of the MSMS Physician Holding Company, was past president of the Grand Traverse-Leelanau-Benzie County Medical Society and is a member of the AMA. Doctor Musson is a fellow of the American Academy of Ophthalmology and the American College of Surgeons, as

well as a member of the Board of Governors of the American College of Surgeons, the Michigan Ophthalmology Society and the AMA.



Krishna K.
Sawhney, MD,
MMA Board chair,
is a Detroit general
vascular surgeon.
He also serves as
chair of the MSMS

Michigan Doctors Political Action Committee and the MSMS Physician Holding Company Board of Directors. Additionally, he serves as Wayne County Medical Society Board of Trustees chair and Wayne County Medical Society Foundation chair. continued from previous page

ing competitors, formation of partnerships, and legal issues. The task force concluded that "There are risks inherent in moving forward with a financial commitment, but these risks

are far outweighed by the danger of inaction."

MMA was shaped on the basis of the following prin-

- Organizations of independently practicing physicians can be highly successful, if not dominant, when they are supported by an MSO.
- An MSO must have a significant level of physician involvement and commitment.
- An MSO needs to acquire substantial amounts of operating capital and must provide its members with an opportunity for equity participation through the purchase of stock.
- An MSO must have high quality leadership. (See sidebar on MMA's chief operating officer, Kevin Cawley, and its board of directors.)

MSMS and MPMLC Support. MMA will operate with the strong backing of MPMLC and MSMS, both of which have a deep reservoir of goodwill among most Michigan physicians.

Sound Financial Basis. MMA already has acquired \$1.5 million: \$750,000 from MSMS and \$750,000 from MPMLC. An additional \$2\$3.5 million capital will be needed. MMA will make a stock offering to Michigan physicians beginning in late April or early May. The minimum investment in MMA will be \$2,500 (250

shares at \$10 per share).

Sound Business Plan. The MMA business plan, approved in February, includes five-year financial projections and eleven key business strategies including an HMO strategy, a preferred provider organization strategy, a marketing strategy, an information systems strategy, hospital contracting strategy and a personnel and resource strategy.

Two points will be emphasized in selling MMA shares to physicians. First, there is value to physicians in having a physician-owned, physicianminded MSO in the market place. Second, physicians may realize an increase in the value of their investment in the company. Tom Wolff, MMA Manager of Physician Networks and Contracting Services, stresses that, "We're not creating a company just to sell it in a few years. This is not a get-rich-quick scheme, but instead a way for physicians to invest in their future by becoming an important alternative in the marketplace."

MMA consists of the following four departments operating out of two locations, one in southeast Michigan and one in East Lansing:

exciting is that MMA is physician-owned and physiciancontrolled. We look at MMA as a tool to empower physicians to have patient care and economic advantages. MMA will help physicians manage all aspects of care—this should be better for doctors, patients and whomever is paying for the care. Physicians need to play a bigger role in decision making and

"I think what's

determination of what will happen to patients and I think

that."

Kenneth H. Musson, MD

this allows us to do

# Quality choices...

I looked at the

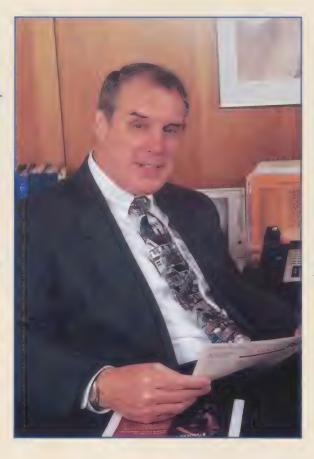
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—Willard S. Stawski, MD Grand Rapids

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Managed Care Administration provides a broad array of services to support the negotiation and administration of managed care contracts, including contract review and negotiation, credentialing, claims processing, physician compensation, quality management, information systems, capitation stop-loss, managed care liability insurance, and patient satisfaction surveys.

Network Administration is responsible for developing and implementing PPO and point-of-service products for large self-insured employers, including local provider networks and regional provider networks.

Physician Organization Development provides consulting and educational services to help physicians form physician networks and

physician groups. Through this department, MMA will continue services offered by MSMS over the past few years, including strategic planning, business plan development, feasibility studies, market research, and PO management recruitment.

Management Services provides management services for physician networks and large physician groups. The department also will provide practice evaluation and practice valuation services for solo practitioners and small physician groups.

The author is a Laingsburg-based freelance writer.



#### 9:25 a.m. - 12 noon

William Peters, M.D. Director & CEO of Karmanos Cancer Institute WSU School of Medicine

#### **Overall View of the Karmanos Cancer Center**

Jose Edson S. Pontes, M.D. Chair, Department of Urology WSU School of Medicine Prostate Cancer

Arthur T. Porter, M.D.
Chair, Department of Radiation Oncology
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# Medical Alumni Reunion and Clinic Day



#### 12:15 p.m.

Annual Alumni Luncheon Student Awards Elvis Smith Alford, M.D. and Nellie Corbin Alford Award The Saul Brown, M.D. Endowed Memorial Prize in Pathology Dr. Morris S. Brent Award

Robert J. Sokol, M.D., Dean State of the School Report

#### 2:00 p.m.

Session on the World Wide Web/Internet
'The Diagnosis and Care of Overfunded
Retirement Plans
Tour of the School of Medicine and
Detroit Medical Center

#### 7:00 p.m.

Reception and Dinner Dance
The Dearborn Inn, Dearborn
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# Anatomy of the new company

Michigan Medical Advantage offers physicians managed care services and products needed to prosper

#### By Kevin Cawley

he Michigan State Medical Society (MSMS) and Michigan Physicians Mutual Liability Company (MPMLC) established Michigan Medical Advantage (MMA) to provide the new products and services physicians need to help them be successful under managed care.

MMA is developing the following categories of products and services:

- Managed care administrative services
- Network administration services
- PO Development services
- PO Management services

#### **Managed Care Administrative Services**

MMA will focus on providing the valueadded managed care administrative services that physician networks, physician groups, PHOs, and other POs need to deliver high quality, cost-effective care under managed care. A list of the managed care administrative services MMA will provide, as well as a brief description of the services, is provided below.

#### Managed Care Information System

This service includes claims processing services to physicians in networks that accept capitation. This service includes maintaining enrollment data, repricing claims, and providing support to enrollees and network providers. The underlying claims data provide the basic infrastructure for retrospective utilization models such as physician profiling.

The information system also will serve as the backbone for developing MMA's medical management mechanisms and will enable MMA to:

- ❖ Effectively manage capitation or other payment arrangements.
  - Develop a physician profiling system that will provide physicians with information on their practice patterns, thereby enabling MMA to better manage risk.

- Compile a database on the cost of providing medical and other health services, thereby facilitating MMA's ability to manage costs under capitation.
- Review outcomes data and track individual patient response to treatment protocols.
- Develop and implement practice parameters and clinical pathways.
- Negotiate more effectively with payors.
- Create an information network linking MMA's physicians to each other.
- Adjudicate and pay provider and hospital claims.
- Handle payments to primary care physicians and specialists.
- Process referrals.
- Track enrollees and their eligibility history.
- Provide enrollee support.
- Provide response to provider inquiry.

# \* Enhance the administrative efficiency of physicians' offices through:

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#### **Medical Management**

MMA's medical management services are intended to provide support to POs in preventing inappropriate utilization, designing and implementing quality initiatives, outlining best practices, and providing a feedback loop in performance. This feedback loop is expected to work hand-in-hand with locally controlled and sponsored PO initiatives.

#### **Negotiating Managed Care Contracts**

This service involves negotiating managed care contracts with health plans.



#### Claims Processing

This service consists of providing claims processing services for physician networks, physician groups PHOs, and other POs.

#### Capitation Planning

This service involves designing the capitation compensation formulas, which may involve sub-capitation, professional capitation, or global capitation.

#### Credentials Verification

This service includes initial physician credentialing, recredentialing and licensure verification.

#### Capitation Stop-loss Insurance

Capitation stop-loss coverage protects POs against two kinds of over-utilization:

- An individual patient having a catastrophic illness or injury, or
- Many patients utilizing more services than expected (e.g., a flu epidemic)

#### Managed Care Liability Insurance

This insurance includes three major components:

- directors and officers liability coverage
- errors and omissions coverage
- vicarious liability coverage

This insurance also provides coverage for the cost of the defense of anti-trust actions brought against a physician network, physician group, or PHO.

#### **Network Administration Services**

MMA recognizes that while capitation is likely to increase significantly in Michigan, there will still exist a large market for discounted feefor-service, self-insured employers. As a result, MMA will establish or work with local and regional physician networks and PHOs to meet this market demand. The target market for this product will be large, self-insured employers.

#### **Physician Organization Development Services**

MMA will provide consulting services designed to assist physicians in forming physician networks, physician groups, PHOs and other models. These services include:

- strategic planning
- business plan development
- feasibility studies
- market research
- management recruitment

#### **Physician Organization Management Services**

MMA will provide management services for physician networks and large physician groups. In addition, MMA will provide practice evaluation and practice valuation services for solo practitioners and small physician groups. MMA does not intend, however, to provide management services for solo practitioners and small physician groups, and does not intend to purchase and run physician practices.

Operating Officer.

be influential in our ability to create contracting and negotiations with hospitals. Before MMA, we were working with PhyCor and they really haven't been able to penetrate the market the way I think MMA will be able to. I wouldn't think anyone would object to a physician owned and operated management organization like MMA."

Robert C. Schwyn, MD

"We hope MMA will

The author is MMA Chief



# Thriving under capitation

Michigan Medical Advantage can guide physicians to successful arrangements

#### By Krishna K. Sawhney, MD

urrently, most Michigan physicians are still being reimbursed on a fee-for-service basis. It is likely, however, that capitation will increase significantly in Michigan over the next few vears.

While the growth of capitation undoubtedly poses risks for Michigan physicians, it also presents significant opportunities. First, capitation allows physicians to profit financially by managing utilization in a cost effective manner. Second, by accepting risk for hospital, pharmacy and out-of-area services, capitation allows physician networks and physician groups to control a larger portion of the premium dollar than they are able to control in a fee-for-service environment. Finally, capitation provides physicians the potential for increased clinical autonomy because when physicians accept financial risk, micro-management of their practices by third party payers is reduced or even eliminated.

Michigan Medical Advantage (MMA) believes strongly that if physicians are provided the administrative infrastructure, they can deliver high quality, cost-effective care and be financially successful under capitation. For-profit physician management companies and hospital management service organizations also can provide the administrative infrastructure for physicians, but neither has physicians' interests at heart.

MMA is a physician-owned, physician-minded company which was formed to empower physicians. MMA will provide value-added, managed care administrative services to physician networks, physician groups, physician hospital organizations (PHOs), and other physician organizations (POs). Managed care administrative services include credentialing, claims processing, and medical management.

Capitation contracts initially may involve POs accepting professional risk only. However, the ultimate goal will be to accept risk for all health services, i.e., global capitation. Because MMA believes that capitation provides significant opportunities for physicians, our strategy will be to aggressively approach HMOs in an effort to secure capitation contracts.

#### **MMA and HMOs**

It is important to emphasize that, while MMA will provide much of the same infrastructure that is often associated with HMOs, including claims processing, credentialing and medical management, our focus is to work with physician networks and physician groups rather than to compete

against HMOs. Our goal is to enter into relationships with POs to assist them in obtaining full risk contracts from HMOs (or other pavers).

The full risk contract should include delegation of administrative procedures to be provided by MMA for the PO. A typical arrangement might look like chart 1.

For the foreseeable future. MMA does not intend to establish an HMO.

MMA recognizes that if it were to establish an HMO, other HMOs would view MMA as a competitor rather than as a possible strategic partner. Rather than directly

"The main advantage to MMA is the physician control. The physicians' interests are taken care of by physicians; it is physician owned and physician controlled."

AppaRao Mukkamala, MD

competing with HMOs, MMA will direct its efforts to developing strategic relationships with HMOs. This strategy will allow both MMA and HMOs to focus on their core competencies.

MMA's core competency will be providing managed care administrative services, such as claims processing, utilization management, quality management and credentialing services, to POs. The core competencies of HMOs include packaging and marketing of their products to employers and government payers.

#### **Competitive Advantages**

MMA has a number of competitive advantages vis-avis physician practice management companies, hospital MSOs and insurance company MSOs. First, while physicians tend to be distrustful of these entities, MMA's sponsoring organizations - the Michigan State Medical Society (MSMS) and Michigan Physicians Mutual Liability Company (MPMLC) - are trusted by most Michigan physicians. Second, physicians will recognize there is value in associat-

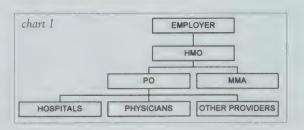
ing with a physicianowned, physicianminded MSO that has their interests at heart. Third, MMA will be deeply committed to active physician involvement in organiza-

"Physicians are now being asked to become business managers and put themselves at financial risk; it has always been easy for us to assume clinical risks. But we now become familiar with things like contracting, utilization review. credentialling and outcome analysis. Michigan Medical Advantage is exactly the right vehicle for this. It makes the concept of management a little more palatable. It is important for MMA to be viable, knowledgeable and practical. They've started out on the right track. Their services are very needed and they came along at the right time."

tional decision-making. Fourth, physicians who have an ownership interest in MMA will prefer to utilize its services. Fifth, MMA will be able to take advantage of the unique access MSMS and MPMLC have to Michigan physicians through their communications channels. Finally, unlike many other MSOs, MMA will not pursue a strategy of acquiring physician practices. As a result, MMA should have enhanced appeal to physicians who are opposed to that approach.

MMA intends to work with, rather than compete against, physician-sponsored MSOs if at all possible. MMA may be able to offer these MSOs certain services, which complement rather than compete with their core business, including information systems (for cost, quality and utilization data), capitation stop-loss and credentialing.

The author is chair of the MMA Board of Directors.



Cecil R. Jonas, MD



# Cynthia Shelby-Lane, MD

Mixing medicine and mirth

#### By Karen Bouffard

ometimes she's Tina Turner, in a spiked wig, high heels and a mini-skirt. Other times she's Jularene Kinta, a mythical slave character who was sold at auction to Santa Claus. By night, she's Cynthia Shelby-Lane, MD, working the grave-yard shift in the ER at Detroit's Sinai Hospital.

"From age five, I've felt, 'I've got to be on stage," says Doctor Shelby-Lane, who doubles as a comedienne, working Detroit and national nightclubs, benefits and conventions, doing radio interviews and appearing in television productions.

"I'll do anything," she says. "When I danced, I had to be a prima ballerina. Before I started doing comedy, my life was not fulfilled. I had to have it all – I mean costumes, lights, cameras, action.

#### Finding her calling

A graduate of Wayne State University and U of M Medical School, Doctor Shelby-Lane says she was always a cut-up but didn't realize her calling until after becoming a physician.

After coming to terms with her unique personality, she graduated from Second City Comedy School in Chicago. "I spent more on my comedy education than my medical education," she quips. She also studied acting under Uta Hagen at Wayne State University and at Spike Lee's Film Institute at Long Island University in Brooklyn. She's currently enrolled in the Motion Picture and Television Certificate Program at UCLA.

#### The healing power of humor

Doctor Shelby-Lane says humor is a kind of healing, just as medicine is. Her humor is a mode of public education, and she's toured the country using laughter to teach messages about domestic violence, sexual harassment, HIV awareness, physician well-being and other topics.

"I won't give up medicine," she says of that future day when she "makes it big."

"I want to heal. Comedy is part of that — even more than taking a bullet out in the emergency room. People come in all the time at the last minute. They don't have primary care physicians. They don't

have education beyond first aid. There are still parents that don't know not to give aspirin to children.

"My job is education. I'm doing this 35 to 40 times per night. I think I can get to the critical mass with this and do 35 to 40 million at a time."

Doctor Shelby Lane's comedy routine mixes characters, like Jularene and Tina, with jokes about social issues and medicine. Doctor Kevorkian is a favorite target ("The Hippocratic Oath," she notes, "is 'First do no harm' – not like Kevorkian who says 'Let my people go") and she complains a lot about her role as a female physician. "I don't get any respect," she says. "People are always calling me five letter words – like *nurse* and *clerk*. When patients call me B\_\_\_\_, I say 'excuse me, but that's Dr. B

Another favorite topic is her children, Brandon, 18, Ross, 10, and Lindsay, 7. "As they get older, I just change the jokes," she says.

#### Turning life into education

Doctor Shelby-Lane is as serious about medicine as she is about comedy. Emergency room experiences propelled her to research violence, a topic on which she produced an award-winning video, "Family Violence: The Silent Epidemic" and about which she spoke on a 1987 Oprah Winfrey program, "Kids Killing Kids." She also has given presentations on "Teenage Violence" to professional and lay audiences, made guest appearances on numerous radio and television shows on violence and conducted a

continued on page 32



## Michigan State Medical Society

## 1997 Maternal, Perinatal, and Child Health Retreat

Thursday, May 29 and Friday, May 30, 1997

Every year the MSMS Committee on Maternal and Perinatal Health holds a small conference and retreat on selected maternal, perinatal and child health issues. This year's retreat titled, "It's Time to Shape the Change" will focus on women and their newborns as they function within managed care and a capitated system. Several prominent physicians, lawmakers and state health administrators will join neonatalogists, pediatricians and other interested physicians on Thursday, May 29 and Friday, May 30 at Yarrow Conference and Retreat Center in Augusta, Michigan. Registration for the two day CME Category I credited event is \$110 for MSMS members and \$130 for non-members. Please send registration information, including number of attendees, address, phone and fax, along with checks made payable to Michigan State Medical Society, c/o: Bryce W.A. Docherty, 120 W. Saginaw, East Lansing, MI 48823.

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Doctor Shelby-Lane in her several roles.

continued from page 30

"I want to heal. Comedy is part of thateven more than taking a bullet out in emergency Cynthia Shelby-Lane,

study of interviews with victims of interpersonal violence seeking emergency medical treatment.

Her medical interests extend beyond violence. She's lectured on "Aeromedical Transport" and the benefits of medicine from space exploration. An astronaut-candidate applicant for NASA and the US Space Program, Doctor Shelby-Lane is a member of the American Astronomical Society, and an Educator Member of the Challenger Center.

The doctor/comedienne notes that while she hasn't made it to outer space yet, she still dreams of reaching the stars. She may just get there. At present, she is developing a talk show, "Second Opinion, America's Healthcare Team," which has already appeared on cable in the Detroit area. She also has her own film company, CASL (Cynthia Ann Shelby-Lane ) Productions, Inc., and is a partner in Story Teller Productions, a Detroit-based independent film production company now producing a full-length feature film.

#### Motivating the ER

As a doctor, she finds ways to use humor in the healing process.

"Patients don't always understand the emergency department, and I have to find ways to fit humor in," she says. "Comfort, concern and care are always our priorities," she notes, "so last Halloween I dressed up like a waitress. I used our food service department uniforms the little tie and everything – and took orders from patients all night – like, 'OK now, so that'll be one X-Ray . . . 'The only problem was, when

the new shift came on in the morning, they didn't know who I was, so they started placing food orders."

"Sometimes my bosses say, 'Can't you just be serious?" she says. "But it keeps the staff motivated."

Doctor Shelby-Lane recalls one patient that came in with a heart attack. "While we were treating him, we got into a great conversation. We chit-chatted, and talked and laughed. It took the stress out of both of us.

"The next day, he died. Neither one of us knew he was going to die. It was wonderful to do that for someone."

In an article she wrote for the Wellness Guide for Emergency Physicians, Doctor Shelby-Lane shared with her colleagues how the power of laughter can work in medicine and life.

"Laughter is not the cure for everything, but it can certainly work wonders on a broken heart, or temporarily reverse anger, or the effects of stress. Laughter produces beneficial physiologic effects. It exercises the lungs and stimulates the circulatory system. A good belly laugh causes full action of the diaphragm and even the cardiovascular system benefits from robust laughter. Laughter makes a difficult person tolerable, a frustrating situation one you can deal with, and transforms an angry, indifferent attitude into a relaxed and workable one... Laughter creates bonds among workers, helps with learning retention, increases creativity, productivity and imagination."

The author is a Williamston-based freelance writer.

MD

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# Supporting assisted suicide.

How do the public and physicians feel about aiding in death?

By Jerald G. Bachman, PhD, Howard Brody, MD, PhD, Kirsten H. Alcser, PhD, Richard L. Lichtenstein, PhD, David J. Doukas, MD, Amy D. Corning, MA

> T n January 1997, the Michigan State Medical Society began a series of interdisciplinary forums to discuss guidelines and safeguards for physician-assisted suicide as part of its ongoing analysis of that vexing issue. The forums derive from the minority statement in the MSMS official position, from physicians who would approve of assisting suicide in a limited number of cases, but only upon the patient's voluntary request and as a last resort. Is it possible to develop guidelines which would succeed in limiting the practice of physician-assisted suicide to that small group of patients? Or, as opponents charge, would guidelines predictably fail to contain the practice and lead to the feared slippery slope?

As part of its deliberations, the forum contacted investigators from the University of Michigan's Institute for Social Research (ISR) who had surveyed Michigan citizens and physicians on these topics in 1994 and 1995. The ISR study was particularly well suited to address the question of guidelines and safeguards, because the study had been intended to get beneath a simple yes-or-no "vote" and explore what factors are of critical importance to physicians and the public, and how these might

#### Views about physician-assisted suicide

shape emerging public policy in Michigan. This

article highlights some of the findings.

In 1994 and 1995, we conducted a series of surveys of physicians and the general public in Michigan, focusing on attitudes about physician-assisted suicide. We used multiple questionnaire forms, each of which included a proposal (usually called "Plan A") for physicianassisted suicide, shown in Table 1. We asked respondents what the Michigan legislature

should do if it had to choose between two options: banning physician-assisted suicide or enacting Plan A.

Our results showed that majorities of physicians (56 percent), and larger majorities of the general public (66 percent), prefer to legalize physician-assisted suicide rather than ban it entirely. Some of our questionnaires included follow-up items about whether certain safeguards and restrictions in Plan A should be dropped or modified. Respondents who opposed any kind of assisted suicide had the option of skipping such questions, but we took account of those individuals in our tabula-

#### Views about safeguards

Our results indicate that safeguards and restrictions play a very important role in both public and physician attitudes about physicianassisted suicide. In general, easing restrictions causes support to drop off-often by substantial margins.

Six-month restriction. A key question is whether to restrict eligibility to "terminally ill" patients—those expected to die within six months. About 12 percent of the public and 14 percent of physicians prefer that restriction, whereas most of those who support legalization do not.

How should "suffering" be defined? When people are asked about opening up physicianassisted suicide to patients whose pain is potentially treatable, but who do not want the medication (because of side effects), support is eroded to roughly the same degree as eliminating the six-month "terminal" restriction. A much greater erosion occurs in public support for a definition of suffering which moves beyond severe physical pain; however, among physicians, that is not the case. The result is that when it comes to the prospect of legalizing physician-assisted suicide for those suffering other than severe physical pain, the views of physicians rather closely match those of the general public—about one-third would support legalization, about half would oppose it (including those opposed under all conditions), and the remainder are uncertain. Physicians and the public are also about equivalent in their greater opposition to legalizing physician-assisted suicide for patients who choose not to undergo possible treatment (only one quarter would sup-

port). This may be another dimension which would be difficult to specify with any satisfactory precision, but the responses do suggest a general unwillingness to move toward greatly broadened eligibility.

Voluntary euthanasia. About half of the public (50 percent) and nearly as many physicians (45 percent) support legalization of voluntary euthanasia under some circumstances, although more than half of these individuals would permit it only when the illness makes physicianassisted suicide impossible.

Advance directives. Compared with the previous question, support for legalizing euthanasia

continued on following page

#### Table 1

#### Plan A (Physician-Assisted Suicide)

Purposes of Plan A:

- to provide that terminally ill patients can request and receive a physician's assistance in hastening
- to provide protection for physicians who voluntarily agree to fulfill such requests;
- to provide safeguards against abuse.

To be eligible for physician-assisted suicide under Plan A, a patient would have to be:an adult;

- certified by a physician as being mentally competent and not suffering from clinical depression;
- terminally ill, with two physicians judging that death will occur within six months;
- suffering unrelenting pain at a level that the patient finds unacceptable.

#### Additional safeguards that would be required under Plan A:

- Only the patient could request physician-assisted suicide.
- The request for physician-assisted suicide would have to be made in writing by the patient (or in some other form, such as video-taped, if the patient is unable to write).
- The request for physician-assisted suicide would have to be witnessed by two persons having nothing to gain from the patient's death (they could not be relatives).
- A second request would have to be made, separated by a waiting period of at least seven days.
- A second physician would have to examine the patient and agree with the diagnosis.
- Before physician-assisted suicide is provided, all reasonable pain control alternatives must be explained and offered to the patient.
- No physician or health care provider shall be required to have any involvement with physician-assisted suicide if he or she is opposed.
- There would be criminal liability for assisting a suicide without following the physician-assisted suicide law.
- "Suicide clinics" would be prohibited.

via advance directive is a few points higher among the Michigan public (54 percent), but a few points lower among physicians (40 percent). The potential risks for abuse and/or error would seem equal or greater in the advance directive situation, so it is understandable that some physicians who might support voluntary euthanasia for a sentient patient would not support it via advance directive.

Second request and waiting period. Very few members of the public, and even fewer physicians, would be willing to dispense entirely with the requirement of a second request and waiting period. A full seven days is the most preferred option, especially among physicians.

Family notification. Should it be a requirement that family members be notified if a competent adult patient requests physician-assisted suicide? Physicians and the public are just about evenly split between "Yes, always" and "No, that should be for the patient to decide." On the other hand, most respondents feel that such a request should be honored even if all immediate family members are opposed.

#### **Conclusions and Implications**

The issue of whether to legalize physicianassisted suicide, and if so with what safeguards, remains very complicated. Our survey data do not provide easy answers, and we did not expect that they would. But we do think our findings have important implications for those on both sides of the debate.

The most general implication of these findings is perhaps the least surprising: any proposed easing of safeguards or restrictions results in some loss of support for legalization, among both physicians and the general public in Michigan. So one safe conclusion from our findings is that "wide open" proposals for legalizing assisted suicide, with few safeguards and restrictions, would surely fail in Michigan (and probably in any other state as well).

There are, however, serious problems with some narrow restrictions: narrowly stated, they may be impractical. For example, the six-month restriction poses a problem because numerous studies have shown that life expectancy often cannot be predicted accurately over that long a time span. Although our survey data suggest that removing this restriction might reduce

public support to a scant majority, and physician support to a minority, we are not sure how people would react if the choice came down to legalization with a less restricted timetable versus a total ban.

Another example of a hard-to-enforce restriction is the requirement of "severe physical pain." Data from both the Netherlands and the US show that only a few patients who seek suicide assistance or euthanasia do so solely because of severe physical pain. The true extent and degree of an individual's suffering is primarily subjective and cannot be measured on any yardstick suitable for public-policy discrimination. Only about one-third of either the public or physicians are presently willing to see physician-assisted suicide legalized for a patient not in severe physical pain. However, substantial proportions are "uncertain" about that question, and fewer than half clearly say "no" - so the definition of suffering is an area that might benefit from further debate and clarification.

Other restrictions are less ambiguous, and also less controversial. Our findings about the need for two written (or videotaped) requests separated by a waiting period are an example. Very few in Michigan are willing to support a plan that omits this safeguard.

Our conclusion, based on the survey data as well as our analysis of the practical issues involved, is that if legislation legalizing physicianassisted suicide is to be drafted, a careful balance needs to be struck between provisions for flexibility and judgment, on the one hand, and safeguards against potential abuses, on the other hand. An important goal should be to allow room for judgment and discretion—on the part of physicians as well as patients.

#### Endnote

In conducting this research, the authors received valuable suggestions and comments from many quarters, including MSMS; however, the research was not prompted by any organization. Rather, the work was investigator-initiated and funded by a grant obtained from the Blue Cross and Blue Shield of Michigan Foundation. For further reporting of findings, see the New England Journal of Medicine, 334, 303-309, February 1, 1996.



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# Physicians working together.

Group practice members highlight advantages

#### By Jean K. Capriotti

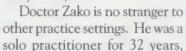
edical practice characteristics often mirror the evolution of health care. Today, the majority of physicians are either employed or was already an established business in group practices. In Michigan, more and more physicians are forming or joining group practices.

There are a variety of resources physicians can utilize when considering creating a group practice or becoming a member of an existing one. For some of the bare bones about a group practice setting, physicians already in one offer the best insight on benefits and relevant issues. They also touch upon the role the newly formed MSMS Group Practice Advisory Committee will play.

According to some physicians currently in a group practice setting, group practices offer an alternative to employment that secures physician autonomy while providing administrative management.

"Group practice is a very attractive alternative to becoming employed by an HMO or a

hospital. In addition, a group practice should be more attractive to patients because they have the comfort of knowing physicians in a group practice work for the them rather than the HMO or hospital system," said Louis Zako, MD, a primary care physician and one of the organizers of Little Traverse Primary Care, PLC.



practicing in the metro Detroit area. "In the past decade I have become increasingly aware that solo practice has a dim future. AMA demographic reports substantiate this," said Doctor Zako.

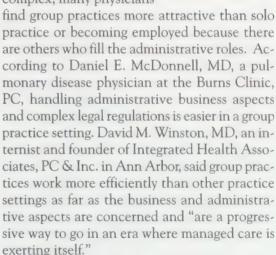
Fred W. Isaacs, MD, an internist at Mid-Michigan Physicians, PC, started his medical career in group practice. "One of the reasons I chose to go into the group practice setting was because there organization and I didn't have to

start from scratch,' **Doctor Isaacs** 

said. Physicians can work together to control costs and work effectively in managed care contracting in such a practice, said Doctor Isaacs.



Because the business is complex, many physicians



With so many legal and administrative issues at hand, many group practices establish one or more governance boards to oversee the practices. Doctor Isaacs' group practice is in the midst of some governance changes. Currently, there are 13 physicians at Mid-Michigan Physicians, PC, each of whom is an equal owner, shareholder and board member. But this will change when the group expands to 20 physicians in April. continued on page 40



Fred Isaacs, MD



Louis Zako, MD



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"Physicians can work together to control costs and work effectively in managed care contracting in such a [group] practice. "

Fred Isaacs, MD

continued from page 38

"By the end of 1997 we are planning to move to a representative board. We're developing criteria to elect a workable board of 6-8 doctors," Doctor Isaacs said.

#### **Expanding your practice**

Expansion is a relevant issue to group practices. Many groups have implemented strategic expansion plans, and additional plans to incorporate new physicians into the group as a whole. Doctor Winston's group, located near the University of Michigan and St. Joseph hospital, has many prospects for its active recruitment strategies. "We are involved with a teaching program at U of M and St. Joe's. It has served as a very useful resident recruiting tool," he said.

Doctor Isaacs' group looks at existing practices when recruiting. "We recruit physicians who we know are high quality. At the same time we talk to primary care residents about possibilities of joining our practice," he said. Mid-

Michigan Physicians, PC's fastest growth, he stated, is due to its ability to assimilate established groups into its setting.



David M. Winston, MD

#### **MSMS Group Practice Advisory Committee**

The MSMS Group Practice Advisory Committee serves the function of addressing some of the main concerns and issues that pertain the most to group practices. "The MSMS Group Practice Advisory Committee is

trying to represent physician interest in group practices. Some issues affect all physicians regardless of practice. Yet our needs may also differ from solo or employed practitioners," Doctor McDonnell said.

The committee gathers physicians from different group practices together to discuss practice issues. "One of the things I find most positive is that there are representatives from various groups sharing ideas. All of them are interested in improving the effectiveness of groups, both patient care and administrative," said Doctor Zako.

These physicians highlight some of the ben-

efits of being in a group practice while recognizing that there are many issues that will always be a part of practicing medicine, regardless of practice setting. They also realize that group practice may not be the best route for all physicians. "Some people will not fit into this. There is a lot of variability right now. We try to remain as autonomous as possible for



Daniel E. McDonnell, MI

a group practice, and to have physicians who have ideas and will move this thing along," Doctor Isaacs said.

The author is an MSMS staff writer.

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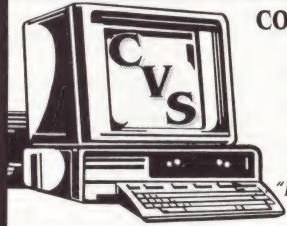
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## **New MSMS member**

#### **Donald Martin, MD**



Professional Information Residency: University of Michigan Hospital Specialty: Pediatrics Medical School: University of Michigan

Personal Information: Spouse: Jamie

Date/Place of Birth: 3/29/64, St. Joseph, MI

Additional Information:

What he will do after his residency: I am moving to Greenville and will be affiliated with a private group where I will see children and adults. When I was growing up, I thought I would be: A carpenter. I didn't perceive myself as a doctor when I was growing up. But I did well in sciences in college and liked working with people, so medicine seemed appropriate.

My first job was: Working as a gas station attendant. I learned a lot about interacting with people—it was very relevant to me for medi-

My undergraduate major was: Philosophy. I think it's good to study something other than science because it gives you a unique perspective on things, such as music and art which other people appreciate.

My favorite web site is: Pediatric Points of Interest. I'm the pediatric chief right now, so it's been really helpful.

## Doctor's allergy magazine provides relief for patients

By Cathy L. DeShano

At 15, R.D. Ghannam, MD, won the William Wordsworth literature award for writing at an American high school in London, England. Torn be-



tween his writing abilities and his interest in medi-Doctor cine, Ghannam chose the latter and entered the University of Michigan as a pre-med student at age 16. Now, more than

40 years later, the Lansing allergist has found a way to fuse both passions through his quarterly magazine, Allergy.

Doctor Ghannam had been publishing a quarterly newsletter on allergies for about 10 years when one of his patients suggested he turn it into a magazine. Several months and thousands of dollars later, Allergy found its way to doctor's offices and homes nationwide.

The premiere edition, published in the fall of 1995, generated 15,000 issues and excellent responses from pediatricians and allergists. Articles are geared towards the general public, offering readers a "casual elegance" which doesn't "demean the patients' intelligence," according to Doctor Ghannam. Topics range from food allergies to latex sensitivity to insect allergies as well as a Q&A column by Doctor Ghannam.

With two issues under their belts, Doctor Ghannam and his son Bill Ghannam, the managing editor, have many changes in store for the magazine. Concerned that the title doesn't appeal to the general readership for which it's intended, they have decided to change the name to Breathe. The two also hope the drop in prices—from \$5 to \$3.95 an issue and \$20 to \$12.95 for subscription and subscription card inserts will elicit more sales.

With 60 million people suffering from allergies, Doctor Ghannam believes his magazine will provide necessary education to the 90 percent of people who don't seek treatment for their ailments. Through television and bookstore appearances, as well as newspaper and radio interviews, he's promoted the magazine to increase the nearly 200 current subscribers.

But the longtime writer who used personal finances to fund the first issue (subsequent issues have been published with partial grants from pharmaceutical companies and individuals) emphasizes he's not looking for financial rewards. "This is a hobby for me. I enjoy writing: fiction, novels, articles," says Doctor Ghannam. "I'm motivated by my concern for the public."

For information regarding subscriptions, please call 800-482-3439 or check out the Allergy & Relief Talk website at http://www. northstargroup.com/~allergy.

#### **Newsmakers**

Hassan Amirikia, MD, Detroit obstetrician/gynecologist, is a new



member at large of the AMA newly-approved International Medical Graduate Section. The Section was approved by the

AMA House of Delegates December 11 in Atlanta.

John Ryan, MD, has been appointed to director, Henry Ford Center for Athletic Medicine, Detroit, from commander and director of the US Army Institute of Surgical Research, Fort Sam Houston.

Paul J. Fierke, MD, FACS, has been named Interim Chief Executive Officer for the Michigan Peer Review Organization (MPRO), effective January 29. The Portage general surgeon has served on the MPRO Board of Directors since 1987 and as Vice President of the Board since 1992. Doctor Fierke, a Wayne State University Medical School graduate, has served as Chief of Surgery for Bronson Vicksburg Hospital, Trauma Director and Director of the Trauma/Surgical Intensive Care Unit at Borgess Medical Center and Co-Director of the Burn Center at Bronson Methodist Hospital. As Interim CEO, he will lead an independent organization which has contracted with several organizations to review medical under the Medicare and Medicaid programs.

Wayne State University Medical School third-year student Jonathon



Hott spent the past year at the National Institutes of Health (NIH) developing a new drug to treat skeletal muscle spasm

disorders. Hott's treatment, ITX, targets involuntary, uncontrollable skeletal muscle spasms often associated with such disorders as multiple sclerosis, hyperfunctional facial lines and spasticity association with stroke. For his new drug therapy, Hott received the Howard Hughes Medical Institute Research Training Fellowship, providing \$60,000 to offset the costs of medical school, and the BFGoodrich Collegiate Inventors Program Award.

David A. Spahlinger, MD, has been appointed executive medical



director of the University of Michigan (U-M) Medical School Faculty Group Practice. Doctor Spahlinger currently serves as

assistant professor of internal medicine at the U-M Medical Center.

Doctor Spahlinger is a member of MSMS.

Former State of Indiana and New York City health commissioner Woodrow Myers, MD, will lead Ford Motor Company's new Health Care Management office. Doctor Myers is a member of the Association for Health Services Research, the National Medical Association, the Society for Critical Care Medicine, the American Medical Association and MSMS.

Robert H. Bartlett, MD, received the Sheen Award for his contributions to the field of surgery. The Ann Arbor surgeon developed ECMO (extracorporeal membrane oxygenation), a life-support system for infants with lung failure. He is a member of MSMS.

#### **New Members**

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Sami K Abu-Farha, MD, Detroit Mohamed S. Ali, MD, Saginaw Dennis L. Angellis, MD, Ann Arbor

Maria T. Araullo-Nagano, MD, Oscoda

M-Amin Badawi, MD, Bloomfield Hills

Thomas Batay-Csorba, MD, Ann Arbor

Norbert Baumgartner, MD, Saginaw Susan B. Bellefleur, MD, Mt. Clemens

Mark Berkowitz, MD, Sterling Heights

Eventure D. Bernardino, MD, Saginaw

Marina Bogdanovic-Odabasic, MD Michael C. Cappelli, MD, Saginaw Thomas K. Carlson, MD, Escanaba David Carswell, MD, Windsor, Ontario, Canada

Max M. Cohen, MD, Detroit Samuel E. Cross II, MD, Saginaw William H. Devlin, MD, Troy Jeffrey M. Devries, MD, Dearborn Mary Ellen A. Flaherty, MD, Ann Arbor Kari R. Formsma, MD, Battle Creek Susanne L. Gee, MD, Grosse Pointe Darlene Gilbert, MD, Saginaw Cecille S. Guarnes, MD, Saginaw Brett A. Hagedorn, MD, Dearborn Heights

Marketa Hecht, MD, Saginaw Mary Ann M. Idzikowski, MD, Okemos

Barbara A. Jahnke, MD, Saginaw Yvonne Janviriya, MD, Detroit Adam T. Kandulski, MD, Saginaw Suzanne M. Kavic, MD, Saginaw James A. Knupp, MD, Saginaw David G. Kramer, MD, Hudson Vikki L. Lareau, MD, Ann Arbor Kathryn Leenhouts, MD, Clinton Twp.

Joseph K. Llanos, MD, Saginaw Sushil K. Mankani, MD, Saginaw Robert C. Maynard, Troy Marjorie Mooney, MD, Muskegon Ranajit Mukherjee, MD, Ann Arbor Aruna K. Mukkamala, MD, Flint Kristin M. Nelsen, MD, Saginaw Richard Y. Ng, MD, Novi NarasingRao Pampati, MD, Pontiac Stephen R. Pavlock, MD, Midland Sucharu Prakash, MD, Sterling Heights

Bruce J. Relyea, MD, Brighton Marcus N. Rhem, MD, Lansing William H. Richards III, MD, Escanaba

Edwin Rodriguez-Cruz, MD, Berkley Jaime Rodriguez-Irizarry, MD, Dowagiac

Ronald A. Ronquist, MD, Petoskey Todd N. Rosen, MD, West Bloomfield Homer W. Ryan, MD, Pontiac Majed J. Sahouri, MD, Saginaw Mohammad Saleh, MD, Grand Rapids

Peter M. Samet, MD, West Bloomfield

Neena Samra, Ann Arbor Lisa Saturnino, Okemos Brenda L. Schloff, MD, Holland Steven C. Schmidt, MD, St. Joseph John H. Schneider, Jr., MD, Sparta Siegfried Schweighofer, MD, Clinton Twp., MI

John R. Scott, MD, Holland Timothy L. Sell, MD, Dearborn Prasad B. Shankariah, MD, Mt. Pleasant

Gary Shapiro, MD, St. Clair Shores Ajmal Siddiqui, MD, Bay City Lauren Smith, MD, Ionia John J. Spitzer, MD, Kalamazoo Tom Stathakios, MD, Rochester Edward S. Suchyta, MD, Shelby Twp.

Kauser Suleman, MD, Houghton Lake

Abdul H. Tabbaa, MD, Burton Gregorio U. Tan, MD, Powers Gabrielle L. Tazzia, MD, Dearborn Morad M. Tehrani, MD, Battle Creek

Margy Temponeras, MD, Lansing Vic Velanovich, MD, Detroit Michael C. Vredenburg, DO, Grand Rapids

Lee S. Webster, MD, Muskegon Stephen T. Webster, MD, Muskegon Allen M. Woolson, MD, Ann Arbor

# ACROSS THE STATE

## Referral access network seeks to expand care

by Tom Seely

"To enhance the capacity of uninsured people in Kalamazoo County to access a primary care physician and dental services by expanding their awareness of and ability to seek primary health care: MDRAN will increase the number of physicians and dentists in this community who provide primary health care to the uninsured."

That is the mission of the Medical and Dental Referral Access Network (MDRAN), a joint effort of the Kalamazoo Academy of Medicine and HealthConnect, Inc. (a local coalition whose goal is to expand health care to the underserved). This is one of 17 similar programs in the U.S. funded by the Robert Wood Johnson Foundation.

The program serves the poor who work and are not given employer provided insurance they often do not qualify for Medicaid, and cannot afford individually purchased health insurance.

In many cases, people who do not have full medical insurance coverage delay seeking care which can lead to more serious problems. And, without a regular physician, uninsured people often go to the hospital emergency room and receive the most expensive care for routine treatment. The problem feeds on itself.

In many cases, patients feel that there is a barrier to seeking regular care, as too few physicians and dentists accept uninsured patients. And, physicians say that the financial and administrative burdens are barriers in caring for uninsured patients.

"While KAM members have recognized the need to address the access problem, they've also recognized that doing so will require a coordinated, collaborative effort which removes barriers for patients as well as for physicians," said Donna Lou Ritter, MD, Project Director for MDRAN, and past KAM president.

Uninsured patients without a pri-

mary care physician or dentist are matched with a provider based on their needs and location. Qualified patients are expected to pay a percentage of their medical bills according to a sliding-scale based on their income. The remainder of the bill will be absorbed by the participating physician or dentist. Referrals will be made by the primary care provider.

For years, most physicians and dentists have been providing some degree of reduced fee or charity care. The MSMS "MD Data" study found that approximately 61% of Michigan physicians provide charity care, averaging 3.4 hours per week in free care and 4.0 hours per week in reduced fee care.

MDRAN is a means through which the community as a whole can participate in providing services and creating a liaison between patients and providers. For more information about MDRAN, please call (616) 337-6544.



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For more information, call David Fox at MSMS at 517-336-5731 or email at dkfox@msms.org.

#### **Disciplinary Actions**

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Carl J. Pelino, DO, 5025 Longview Dr., Troy, MI 48098

Action, Date Taken: License Summarily Suspended, 12-27-96

Reason: Criminal Conviction - Drug Related

Name: Mark Greenbain, MD, 15937 George Washington, Southfield, MI 48075

Action, Date Taken: Reinstated w/Limited License - 1 yr., Probation - 3 yrs. 12-19-96

Reason: None stated

Name: Clark E. Taylor, DO, 2310 M-119 Condo #20, Petoskey, MI 49770

Action, Date Taken: License Revoked, Summary Suspension Dissolved, 1-18-97

Reason: Mental/Physical Inability to Practice

Name: Paul A. Haupt, DO, 1100 Tenth St., Menominee, MI 49858

Action, Date Taken: Reclassified w/Unlimited License Reason: None stated

Name: Jean F. Kozachik, MD, 844 East Front St., Traverse City, MI, 49684

Action, Date Taken: License Suspended - 30 days commencing 9-18-96, Fine - \$1,000.00, 10-16-96

Reason: Lack of Good Moral Character, Unprofessional Conduct

Name: Julius J. Greenberg, MD, 22940 Shevington, Southfield, MI 48034

Action, Date Taken: Reprimand, Fine - \$1,000.00, 11-15-96

Reason: Drug Related

Name: Norman R. Schakne, MD, 525 Edgemere Court, Bloomfield Hills, MI 48304

Action, Date Taken: Reinstated w/Limited License - 2 yrs., Probation - 2 yrs., 10-7-96

Name: David M. Figg, MD, 21 Michigan NE, Grand Rapids, MI 49503

Action, Date Taken: License Suspended - 4 mo., Pro-

bation - 30 days, Fine - \$2,000.00, 11-24-96

Reason: Negligence/Incompetence

Name: Sheldon L. Daniels, MD, 24664 Rensselaer St., Oak Park, MI 48237

Action, Date Taken: License Suspended - 4 mo., Pro-

bation - 26 mo., 10-25-96 Reason: Substance Abuse

Name: Timothy B. Elliott, DO, RR 1, Box 306, Brimley, MI 49715

Action, Date Taken: Probation - 2 yrs., 10-22-96

Reason: Substance Abuse

Name: Howard P. Levy, DO, 42855 Garfield, Ste. 105, Clinton Township, MI 48038

Action, Date Taken: Probation - minimum 1 yr., Fine - \$5,000.00, 11-24-96

Reason: Negligence/Incompetence

Name: Howard P. Levy, DO, 42855 Garfield, Ste. 105, Clinton Township, MI 48038

Action, Date Taken: By Order of the Wayne County Circuit Court, the Board's Order dated 10-25-96 & effective 11-24-96 is Stayed, 11-12-96.

Name: Gerald C. Gass, DO, 1231 Willow St., PO Box 126, Grand Ledge, MI 48837

Action, Date Taken: Controlled Substance License, Suspended - 6 mo. & 1 day, Fine - \$2,500.00, 1-10-97

Reason: Drug Related

Name: Gerald C. Gass, DO, 1231 Willow St., PO Box 126, Grand Ledge, MI 48837

Action, Date Taken: Probation - 2 years, Fine -\$5,000.00, 1-4-97

Reason: Violation of General Duty/Negligence

Name: Timothy B. Elliott, DO, RR 1, Box 306, Brimley, MI 49715

Action, Date Taken: License Summarily Suspended, 1-26-97

Reason: Criminal Conviction

Name: Robert G. Glinski, DO, 29521 Ford Rd., Garden City, MI 48135

Action, Date Taken: License Suspended - 6 mo. & 1 day, Fine \$10,000, 1-15-97

Reason: Negligence/Incompetence

Name: Gilbert A. Masterson, MD, 300 68th SE Box 165, Grand Rapids, MI 49501

Action, Date Taken: Reprimand, Fine \$500.00, 2-14-

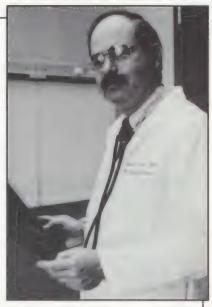
Reason: Failure to Report/Comply Sister State DisciplinaryAction

Name: Michael S. Weisenfeld, MD, 6018 Wynford Dr, West Bloomfield, MI 48322

Action, Date Taken: Limited License - minimum 2 yrs.,

Probation - 2 yrs., Fine - \$1,500.00, 2-14-97

Reason: Drug Related



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#### Divesting assets for Medicaid eligibility continued from page 8

There are numerous exceptions. With respect to title to a home, the transfer may be made to an individual spouse; a child under 21 or who is blind or pemanently disabled; a sibling who has an equity interest in the home and who was residing in the home at least one year immediately before the person becomes institutionalized, or the individual's son or daughter who was residing in the home for at least two years immediately before the date the individual becomes institutionalized

and who provided care that permitted the individual to reside in the home. Assets other than the home may be transferred to or for the benefit of the individual spouse, or for the benefit of the individual's child who is under 21 or is blind or permanently disabled; or a trust established for the benefit of an individual under 65 years of age who is disabled. While these transfers may avoid criminal penalties, the transfer of assets to a spouse will not normally accelerate eligibility for

Medicaid because the asset test is applied to the married couple rather than to the institutionalized spouse alone.

This is a highly confusing and rapidly changing area of the law. Extreme care is needed when giving advice about transfers to accelerate Medicaid eligibility. If you're not certain, you shouldn't give advice.

Mr. Weber is the senior partner of Kerr, Russell & Weber, PLC.

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#### **Objectives of the Symposium**

At the conclusion of the program, the participants should be able to:

- Identify special skills and knowledge needed for managed care.
- Understand ethical issues raised by managed care.
- Appreciate recent trends in managed care.
- Interact more insightfully with the "new reality" of managed care.

#### **Credit Hours**

Blue Cross Blue Shield of Michigan, an organization accredited by the MSMS Committee on CME Accreditation, certifies that this activity meets the criteria for a maximum of four (4) credit hours in Category I toward the requirements for Michigan relicensure and toward the Physician's Recognition Award of the AMA provided it is completed as designed.

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John J. Siller, MD

Associate Medical Director – Education Blue Cross Blue Shield of Michigan

#### **Program Director and Moderator**

John E. Billi, MD

Associate Dean, Clinical Affairs Associate Professor, Internal Medicine University of Michigan

#### **Program Agenda**

7:15 am Continent	tal Breakfast
-------------------	---------------

7:50 Welcome and Introduction John J. Siller, MD

7:55 Program Director and Moderator

John E. Billi, MD

8:00 The New Environment for Managed Care Robert Church, DO

8:30 New Skills for Physicians in Managed Care John E. Billi, MD

8:50 An Inventory of Ethical Challenges for Physicians

under Managed Care Susan D. Goold, MD, MPH

9:10 The Measurement of Quality – HEDIS and

beyond Eve Kerr, MD, MPH

9:50 Physician Profiling – Uses and Abuses

Rodney Hayward, MD, MPH

10:30 am Break

10:50 Ethics: Preserving the Physician's Values in

Managed Care Contracting Susan D. Goold, MD, MPH Gail Agrawal, MPH, JD

11:30 Discussion Panel

12:30 pm Adjourn

The views and opinions expressed by the speakers/panelists do no necessarily reflect those of BCBSM or current BCBSM medical policy.

# Physician assistants prove professional assets

Their roles offer expanded practices, greater access to care

#### By Barbara Wolk, PA-C

The physicians assistant profession is about 30 years old. In its short history, it has had an important impact on the delivery of quality medical care. Because currently only 25,700 physician assistants, or PAs, practice in the US, 1200 in Michigan, many physicians may never have interacted with PAs. This article will explore a PA's role and the relationship between physicians and physician assistants.

Physicians assistants are licensed health care professionals who practice medicine with physician supervision. They perform a wide variety

of medical and surgical services, as delegated to them by their supervising doctor, that were traditionally provided by only physicians. Literature indicates PAs can substitute for physicians in anywhere from 75 to 90 percent of primary care functions. Although they are dependent practitioners, they do exercise a degree of autonomy in the diagnosis and treatment of illness. They can be found practic-



Barbard Wolk, PA-C

ing medicine in diverse settings—from remote rural communities to urban cities and from primary care to surgical subspecialties. Over 150 hospitals in Michigan utilize physician assistant services.

#### Education

The average PA program is over 25 months in length; or, 108 weeks for the average PA program compared to 153 weeks for the average amount of time spent by a medical student in medical school. The majority of PA students have a bachelor's degree and over four years of health care experience before entering a program. Generally, the first year consists of didactic training in medical science. The second half consists of clinical rotations where the students are involved with direct patient care.

Upon graduation from an accredited program of instruction, the PA must sit for and pass a national certifying examination developed by the National Board of Medical Examiners and administered by the independent National Commission on Certification of Physician Assistants (NCCPA). Once a PA passes this exam, s/he

may use the designation, "PA-C," or physician assistant—certified. To maintain this certification, the PA must log a minimum of 100 hours of CME every two years and retake the written examination every six years.

#### Utilizing physician assistants' skills

In 39 states, Guam and the District of Columbia, physician assistants are permitted to prescribe medications. In Michigan, PAs have prescriptive privileges for all but controlled substances. The rules and regulations for PA practice vary from state to state. Physician assistants in Michigan have been working for establishment of rules to allow the delegation of prescription of controlled substances within hospitals. Many view this kind of measure as legitimizing current practices that have been safely utilized for many years.

Recent studies indicate that in many practice settings, PAs are being underutilized. Research conducted by Kaiser Permanente suggests that this is partially due to the physicians' comfort level in delegating medical tasks to their PA. Another study conducted by the Veterans Administration also revealed that the supervising physician's attitudes and style of delegating tasks was a greater factor in utilizing PAs than the physician assistant's education and clinical skills level.

continued on page 52

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This space provided as a public service. ©1994, American Heart Association Because physician assistants are dependent practitioners whose effectiveness is related to the supervising physician, the American Medical Association recently released guidelines for physician/physician assistant practice. These guidelines are also endorsed by the American Academy of Physician Assistants. They are as follows:

- ❖ The physician is responsible for managing the health care of the patients in all practice settings.
- Health care services delivered by physicians and physician assistants must be within the scope of each practitioner's authorized practice as defined by state laws.
- ❖ The physician is ultimately responsible for coordinating and managing the care of patients and, with the appropriate input of the physician assistant, ensuring the quality of health care provided to patients.
- \* The physician is responsible for the supervision of the physician assistant in all settings.
- The role of the physician assistant(s) in the delivery of care should be defined through mutually agreed upon guidelines that are developed by the physician and the physician assistant and based on the physician's delegatory style.
- ❖ The physician must be available for consultation with the physician assistant at all times either in person or through telecommunication systems or other means.
- ❖ The extent of the involvement by the physician assistant in the assessment and implementation of treatment will depend on the complexity and acuity of the patient's condition and the training and experience and preparation of the physician assistant as adjudged by the physician.
- ❖ Patients should be made clearly aware at all times whether they are being cared for by a physician or a physician assistant.
- The physician and physician assistant together should review all delegated patient services on a regular basis, as well as the mutually agreed upon guidelines for practice.
- ❖ The physician is responsible for clarifying and familiarizing the physician assistant with his supervising methods and style of delegating patient care.

#### Providing quality care

Several recent studies have examined the quality of health care provided by physician assistants. Sox reviewed data from over 12 studies on the clinical performance of PAs and concluded that the care they provided was "indistinguishable" from the care provided by physicians. The US Congress Office of Technology Assessment concluded that the quality of care by non-physician practitioners is "equivalent of the quality of comparable services provided by physicians." A recent article in JAMA reiterated these findings.

This same article also examined indirect indicators of quality, such as physician acceptance and patient satisfaction: these parameters also reflect PAs in a favorable manner. The US Department of Health and Human Resources' Physician Assistants in the Health Workforce Report of 1994 cites a high level of patient acceptance and satisfaction with the care they received by PAs.

Additionally, a recent report by the AMA regarding PAs employed by solo physicians looked at the effect of physician productivity and other practice characteristics. The findings suggested, "The incentives for employing non-physician practitioners include increases in net income and physician productivity—office visits per hour, and visits in all settings, both on a weekly and yearly basis. By employing non-physician practitioners, solo physicians were able to expand the scale of their practices and provide greater access to care."

Medical Group Management Association reports on a recent study that suggests that although PAs generally do not see as many patients per year as family practice physicians, their "lower average salary and productivity make them economical providers."

Physician assistants provide quality, cost-effective health care with the supervision of physicians. They are dependent health care practitioners as members of the health care team, yet capable of exercising a degree of autonomy in medical decision making. In the provision of quality health care for the citizens of our state, physician assistants are professional assets.

The author is Immediate Past President of the Michigan Academy of Physician Assistants



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# IN YOUR FUTURE

#### **MSMS**

May

- 1-4, House of Delegates. Location: Grand Traverse Resort. Contact: Donna Brown at MSMS at 517-336-5735.
- 2, MSMS Women's Caucus. Location: Grand Traverse Resort. Contact: Sherry Barnhart at MSMS at 517-336-5786.
- 5, MDPAC's Evening with Congresswoman Debbie Stabenow. Contact: Kevin A. Kelly at MSMS at 517-336-5742.
- 8, MDPAC's Evening with Michigan Speaker of the House Curtis Hertel (D-Detroit). Contact: Donna LaGosh at MSMS at 517-336-5788.
- 14, Capitol Check-Up Day. Location: Capitol, East Lansing. Contact: Donna LaGosh at MSMS at 517-336-5788.
- 15, MSMS Internet Training Seminars. Location: Grand Rapids. Contact: Jody Jodway at MSMS at 517-336-7604.
- 16, MSMS Internet Training Seminars. Location: Novi. Contact: Jody Jodway at MSMS at 517-336-7604.
- 19, MSMS Health Education Foundation Golf Outing. Contact: Judy Marr at MSMS at 517-336-5744.

- 20, MSMS Internet Training Seminars. Location: Battle Creek. Contact: Jody Jodway at MSMS at 517-336-5604.
- 22-23. Physician Education Leadership Institute. Location: Ann Arbor Campus Inn. Contact: Julie Lester at MSMS at 517-336-5768.
- 23, MSMS Internet Training Seminars. Location: Troy. Contact: Jody Jodway at MSMS at 517-336-7604.
- 29, MDPAC's Evening with Senator Dale Shugars. Contact: Donna LaGosh at 5170336-5788.
- 29-30, Maternal and Perinatal Health Retreat. Location: Yarrow Conference Center. Contact: Bryce Docherty at MSMS at 517-336-5719.

#### June

- 3, MDPAC's Evening with Senate Majority Leader Dick Posthumus (R-Alto). Contact: Donna LaGosh at MSMS at 517-336-5788.
- 5, MSMS Internet Training Seminars. Location: Marquette. Contact: Jody Jodway at MSMS at 517-336-7604.
- 6, MSMS Internet Training Seminars. Location: Flint. Contact: Jody Jodway at MSMS at 517-336-7604.

26, MDPAC's Evening with Senator George McManus. Contact: Donna LaGosh at MSMS at 517-336-5788.

July

23-27, Mid-Summer Board Meeting. Location: Mackinac Island Grand Hotel, Contact: Irene Frost at MSMS at 517-336-5734.

**August** 

- 15, MSMS Internet Training Seminars. Location: Battle Creek. Contact: Jody Jodway at MSMS at 517-336-5604.
- 19, MSMS Internet Training Seminars. Location: Troy. Contact: Jody Jodway at MSMS at 517-336-5604.

September

- 4, MSMS Internet Training Seminars. Location: Grand Rapids. Contact: Jody Jodway at MSMS at 517-336-5604.
- 5, MSMS Internet Training Seminars. Location: Flint. Contact: Jody Jodway at MSMS at 517-336-5604.
- 12, MSMS Internet Training Seminars. Location: Marquette. Contact: Jody Jodway at MSMS at 517-336-5604.

continued on page 56

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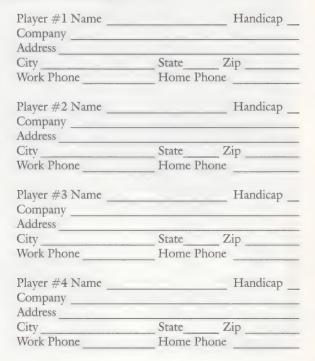
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Registration Deadline: April 23

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17. MSMS Board of Directors Meeting. Location: East Lansing. Contact: Irene Frost at MSMS at 517-336-5734.

#### AMA

#### June

22-26 AMA Annual Meeting. Location: Chicago Hyatt Regency, Chicago, IL. Contact: Judy Marr at MSMS at 517-336-5744.

# Specialty Societies

May

- 1-4, MSMS Alliance House of Delegates. Location: Grand Traverse Resort. Contact: Jennifer Anibal at MSMS at 517-336-7595.
- 6-9, Michigan Society for Respiratory Care Annual Spring Meeting. Location: Amway Grand Plaza, Grand Rapids. Contact: Caroline Kimmel at MSMS at 517-336-7587.
- 7-10, Michigan Chapter, American College of Surgeons Annual Meeting. Location: Grand Traverse Resort. Contact: Melissa Wiegand at MSMS at 517-336-7586.
- 10, Michigan Society of Internal Medicine Annual Spring Meeting. Location: Doubletree Suites, Southfield. Contact: Caroline Kimmel at MSMS at 517-336-7587.
- 10, Michigan Society of Pathologist Education Seminar. Location: University of Michigan

Towsley Center, Ann Arbor. Contact: Melissa Wiegand at MSMS at 517-336-7587.

- 14-17, Michigan Association of Osteopathic Physicians & Surgeons Annual Post-graduate convention & scientific seminar. Location: Dearborn Hyatt Regency.
- 17-22, American Psychiatric Association's 150th Annual Meeting. Location: San Diego, CA. Contact: APA Division of Public Affairs at 202-682-6220.
- 19, Health Education Foundation Golf Outing. Location: Lansing Country Club. Contact: Judy Marr at MSMS at 517-336-5744.

#### June

- 4, 2nd Annual Rural Communities Conference on HIV and AIDS. Location: Traverse City. Contact: Tom Seely at MSMS at 517-336-5770.
- 5, Greater Detroit Area Health Council, Inc. Conference and Annual Meeting. Location: Cobo Conference/Exhibition Center. Contact: GDAHC at 313-4990.
- 11-14, American Orthopaedic Association Annual Meeting. Location: Boca Raton Resort, Boca Raton, FL.

21, Michigan Hand Study Group. Location: Boyne, MI. Contact: Caroline Kimmel at MSMS at 517-336-7587.

September

11-12, Michigan Medical Group Managers Association. Location: Grand Rapids Amway Grand Plaza. Contact: Debbie Zannoth at MSMS at 517-336-5763.

12-14, Upper Peninsula Medical Societies Annual Meeting. Location: Houghton/Hancock. Contact: Ronald Bissett, MD at rbissett@up.net

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### EDUCATIONAL OPPORTUNITIES

### April

3-6, The Osler Institute Addiction Psychiatry, Medicine and Psychology Exam Review and Update Course. Location: Phoenix. Contact: Joseph Selliken, MD, 1094 East Dawn Dr., PO Box 2218, Terre haute, IN 47802; Phone (800) 356-7537 or (812) 299-5658 or Fax (812) 299-2775. Registration fee: \$840 for practicing physician; \$560 for resident, fellow, or non-physician. Approved for: Credits vary.

4-5, Clinical Pulmonary Update. Location: Washington University Medical Center, Eric P. Newman Education Center (EPNEC), St. Louis, MO. Contact: Office of Continuing Medical Education, Washington University School of Medicine, Campus Box 8063, 660 S. Washington University Medical Center, Eric P. Newman Education Center (EPNEC), St. Louis, MO. Approved for: Hour-for-hour basis.

10-12, Hip and Knee Reconstruction: Controversies and Stateof-the-Art. Location: Pointe Hilton at Squaw Peak, Phoenix, AZ. Contact: Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 First St., SW, Rochester, MN 55905, Phone 800-323-2688. Approved for: 15 Category 1 credits. Registration fee: \$575.

12, Clinical Psychopharmacology Review & Update: Anti-Psychotic & Mood-Altering Treat-

ments. Location: Seelev Conference Center, The Menninger Clinic, 5800 SW Sixth Ave., Topeka, KS. Contact: Menninger Continuing Education, PO Box 829, Topeka, KS 66601-0829; Phone: 800-288-7377 or 913-350-5992. Approved for: 6 Category 1 credits. Registration fee:

13-15, Emergency Medicine for the 21st Century. Location: Towsley Center, Ann Arbor. Contact: Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Profession, University of Michigan Medical School, PO Box 1157, Ann Arbor, MI 48106-1157. Approved for: 22.5 Category 1 credits.

15, 22, Bar-Levay Educational Association Ongoing Seminar Series "The Psychotherapists' Role in Helping Patients Develop Realistic Values." Contact: Lester Potempa, DO, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI, 48075, (810)353-5333. No registration fee. Approved for: 4 Category 1 credits.

26, "Physicians in Managed Care: New Skills and Values," sponsored by Blue Cross Blue Shield of Michigan and MSMS. Location: BCBSM Auditorium, Southfield. Contact: BCBSM Office of health Care Education at 313225-0163 or www.bcbsm.con/ cmesiller.shtml. Approved for: 4 Category 1 credits. Registration fee: \$15 for non-participating BCBSM physicians.

29, May 6 Bar-Levay Educational Association Ongoing Seminar Series "The 'True and False Self.': How Valid are These Concepts?" Contact: Lester Potempa, DO, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075 (810)353-5333. No registration fee. Approved for: 4 Category 1 credits.

30-May 4, Critical Care Medicine '97: 11th Annual Review and Update. Location: Hyatt Regency, Washington, D.C. Contact: Center for Bio-Medical Communication, Inc., Phone (201)385-8080, Fax (201)385-5650. Registration fee: \$795 for physicians. Approved for: up to 41.25 Category 1 credits.

5-9, 18th Annual Practice of Internal Medicine. Location: Mayo Clinic, Rochester, MN. Contact: Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 First St. SW, Rochester, MN 55905, 800-323-2688. Approved for: 31 Category 1 credits. Registration fee: \$575.

7-9, Clinical Auscultation of the Heart. Location: Gorman Building Auditorium, Georgetown University

continued on page 60

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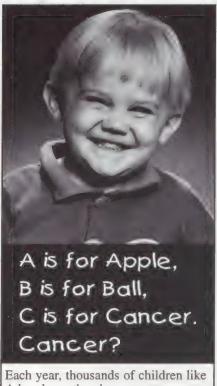
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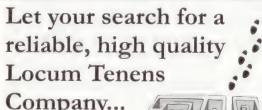
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### EDUCATIONAL OPPORTUNITIES

continued from page 58

Medical Center, Washington, DC. Contact: American College of Cardiology, Attn: EP, PO Box 79231, Baltimore, MD, 21279-0231, Phone 1-800-253-4636. Approved for: 21 Category 1 credits. Registration fee: ACC Member - \$435; Non-member - \$485 by April 23. Registration after April 23 is on-site only and \$50 higher.

May

13, 20 Bar-Levav Educational Association Ongoing Seminar Series "Outward Physiologic Expressions of Character: Sharpening Our Awareness of How the Body 'Speaks." Contact: Lester Potempa, DO, Bar-Levay Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075 (810) 353-5333. Approved for: 4 Category 1 credits. No registration fee.

27, June 3 Bar-Levay Educational Association Ongoing Seminar Series "New Goals in Psychotherapy: Developing the Ability to Think Clearly." Contact: Lester Potempa, DO, Bar-Levay Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075 (810)353-5333. Approved for: 4 Category 1 credits. No registration fee.

### June

1-4, Advanced Interpretations with the Experts. Location: Hyatt Islandia, San Diego, CA. Contact: American College of Cardiology, Attn: EP, PO Box 79231, Baltimore, MD, 21279-0231, Phone 1-800-253-4636. Approved for: 22.5 Category 1 credits. Registration fee: ACCmember: \$580; Non-member: \$675 by May 16. Registration after May 16 is on-site only and \$50 higher.

4-6, 4th Annual Emergency Radiology Conference. Location: Dearborn Inn, Dearborn. Contact: Ms. Andrea Lubienski, Division of Continuing Medical Education, Wayne State University School of Medicine, 4201 St. Antoine, 4-H UHC, Detroit, MI 48201. Approved for: 17.5 Category 1 credit. Registration fee: \$350 full course; per day rates also available.

July

11-13, Managing Respiratory Diseases. Location: Harbor View Resort, Martha's Vineyard, MA. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 W Canal Court, Ste 500, Littleton, CO 80120-4569; Phone: 800-421-3756. Approved for: 11 Category 1 credits. Registration fee: \$375.

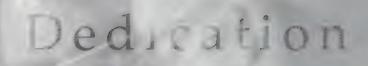
25-26, 77th Annual Coller Penberthy Thirlby Medical Conference. Location: Park Place Hotel, Traverse City. Contact: Paula Parshall, Continuing Medical Education, Munson Medical Center, 1105 Sixth St., Traverse City, MI 49684-2386, 616-935-6546. Approved for: 9-12 Category 1 cred-

29-31, 3rd Annual Mayo Multidisciplinary Symposium on Platelets, Blood Vessels, Biomaterials and Transfusion. Location: Mayo Clinic, Rochester, MN. Contact: Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 1st St SW, Rochester, MN 55905; Phone: 800-323-2688.

August

10-12, Success with Failure: Evaluation & Treatment of Congestive Heart Failure. Location: Vail Cascade Hotel & Club, Vail, CO. Contact: Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 1st St SW, Rochester, MN 55905; Phone: 800-323-2688. Approved for: 15 Category 1 credits. Registration fee: \$450.

22-24, Coronary Heart Disease Update. Location: Hyatt Regency, Monterey, CA. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 W Canal Court, Ste 500, Littleton, CO 80120-4569; Phone: 800-421-3756. Approved for: 11 Category 1 credits. Registration fee: \$375.



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### PRESIDENT'S PERSPECTIVE

### Inka Dinka Do

Goodnight MSMS... Wherever you are

By W. Peter McCabe, MD



his is my last President's Perspective, and as the title of this little piece implies, I feel a little like Jimmy Durante as he would end his show walking through the shadows from one spotlit circle to the next, finally bidding a mysterious good night to the ephemeral Mrs. Kalabash... wherever she was.

### MSMS alive and well

No such uncertainty surrounds your medical society, however. MSMS is alive and well, and thriving, thanks in no small part to the dynamism of you, its members. At a time when many state medical societies are struggling with declining membership, ours continues to grow—not that we should get cocky. The time to worry is not when things are going poorly... one's adrenaline takes up the ante then... but rather when things are going well.

Not that there aren't warning clouds on the horizon. The increasing intrusion of third parties into the doctor-patient relationship threatens to fracture the bond between individual physicians and their representative societies. As medicine becomes more specialized and compartmentalized, many doctors develop a greater attachment to their specialty societies, in effect opting for the trees rather than the forest. And in my travels in behalf of the Society this past year I' run into the occasional cynic who continues membership solely for the tire deals and the trips.

But after all, problems are merely opportunities in disguise. As medical practice reshapes itself in response to forces both internal and external there will be a need for new forms of support infrastructure. MSMS has addressed one such concern, the need for a hierarchy of management services that a self-managed provider network requires, with its own member owned and controlled MSO.

In the end, however, it will be left to the membership how it would like to define its own mission. Styles and to some extent missions vary from state-to-state. All state societies to a greater or lesser degree function as lobbying organizations, and some confine themselves to just that. Others, such as Massachusetts whose main organizational publication is the "New England Journal of Medicine," have a significant educational component. MSMS tends to bracket both styles, but its educational ventures face challenges as physicians increasingly look to their specialty society meetings for the increasingly

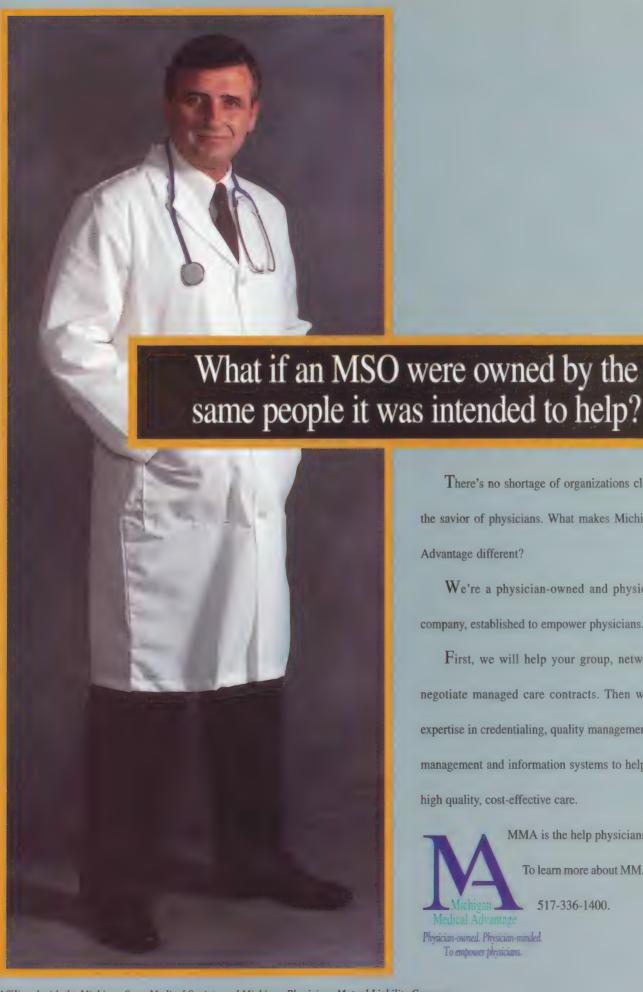
complex updating necessary to keep abreast of rapid advances.

### A great education tradition

Although some of our educational programs, such as the annual Conference on Maternal and Perinatal Health, remain strong, our showcase venture, the Annual Scientific Meeting, every November, has seen a steady erosion in attendance. I've always enjoved it, and I'm saddened to see that happen. Believing in the old adage that if you can't beat 'em, join 'em, I propose that we in MSMS chase the sun or powder like other conferences, and move the Annual to Florida or Aspen in January or February. Such a move might reinvigorate a great educational tradition and at the same time allow us to see old friends from across the state. We already have a fine travel program, why not dovetail our educational needs onto it. As a plastic surgeon, however, I must warn you to bring at least an SPF 15.

In this, my final editorial, I suppose I should be working you all up to a frenzy of inspiration, urging you up to the mountaintop, and here I am just suggesting a travel deal. So be it. It's been an honor to serve as your President. I would just remind you that we have a wonderful medical society. Cherish and support it.

You may respond to Doctor McCabe's column on-line at http://www.msms.org



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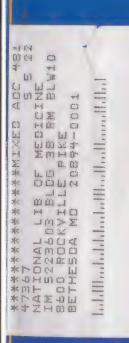
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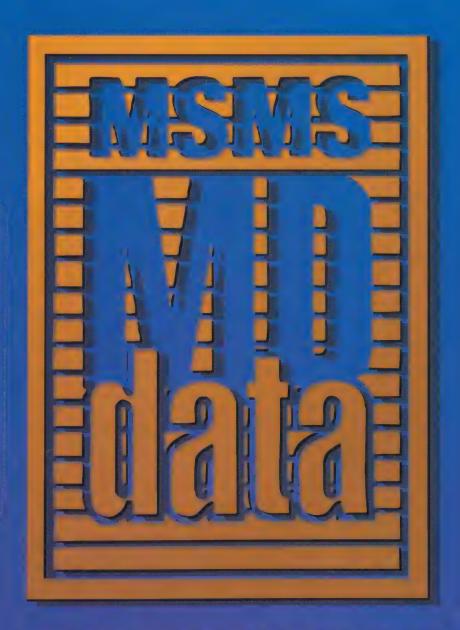
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Award-Winning Journal of the Michigan State Medical Societ





Results of the 1996 MSMS Survey on Practice Characteristics

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# MichiganMedicine

### COVER STORY



### A new set of rules

# Michigan physicians prepare for a changing environment

17

Through the new MSMS Survey on Practice Characteristics, discover how Michigan physicians have been responding to changing incentives, new rules and criteria, and increased scrutiny from purchasers and patients. The third biennial MSMS survey depicts emerging trends and monitors changes in the medical marketplace.

*Included in this report:* 

Physician demographics

Practice management/technology

Insurance services

Practice environment

Public service

Physician finances

Liability coverage

Third party payers

By Julie L. Lester

### FEATURES

### LEGISLATIVE PROFILE

### Representative Joseph Palamara

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As Rep. Palamara prepares for his 13th year on Michigan's House Health Policy Committee, he looks to a term in which Medicaid, pain management legislation and hospital acquisitions top the committee's list of issues.

By Jacque Sewall

May 1997 Volume 96, Number 5

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### FEATURES

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### Assessing the '93 liability reforms

42

When the Michigan legislature enacted some of the country's toughest liability legislation, it anticipated a reduction in malpractice insurance rates. While some are still debating the extent to which the laws will impact health care economics, many observers note they are beginning to see positive effects.

By Karen Bouffard

### SOCIETY NEWS

### MSMS fights to uphold reforms' constitutionality

45

From the legislative arena to the appellate courts, MSMS continues to advocate for medical malpractice reform. Its current medical focus is to sustain the constitutionality of the 182-day pre-suit notice statute. By Joanne Geha Swanson

### **OFF DUTY**

### Olympic boxer treats athletes

48

Ypsilanti physician Fazlolah Nickhah, MD, participates in the Olympics as a team physician. By Cathy L. DeShano

### PHYSICIAN PROFILE

### Cheryl K. Farmer, MD

50

Using the skills she has acquired as an internist, this Ypsilanti mayor has found fulfillment in treating her community.

By Jean K. Capriotti

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Look for Michigan Medicine On-line at http://www.msms.org/

### LETTERS TO THE EDITOR

### State Bar of Michigan responds to January President's Perspective

"Boobs... in the jury box and on the bench," "lawyers with a good sob story," "dysfunctional legal system," "wig and knickers set."

Such are the words and phrases employed by the president of the Michigan State Medical Society (MSMS), W. Peter McCabe, MD. Doctor McCabe's "President Perspective" in the January, 1997, issue of Michigan Medicine dealt not so much with medicine but with a criticism of lawyers, judges, juries, the legal system and "junk science." His springboard was breast implant litigation. Unfortunately, his intemperate remarks about the legal system, lawyers, judges and juries all but buried the potentially legitimate comment about the use of "junk science" in breast implant litigation. Lawyers, judges and especially those citizens who conscientiously serve as jurors, deserve better from the leader of the thousands of physicians in Michigan.

Doctor McCabe notes that one "boob on the bench" recently dismissed several thousand breast implant claims on legal grounds without a trial. In mid-March, a Wayne County, Michigan judge similarly dismissed three thousand claims against silicone developer Dow Chemical Co. This would appear to demonstrate that the reality of the judicial process bears no relationship to Doctor McCabe's poorly conceived perception.

Doctor McCabe's lashing out at lawyers is understandable, given that physicians have been critical of lawyers for many years. However, the Doctor McCabes of this world make an exception for their lawyers. While Doctor McCabe laments the "cunning" and "good sob stories" employed by lawyers on behalf of their non-physician clients as an unacceptable manipulation of judges and juries, the chances are he would condone such tactics by lawyers on behalf of physicians in defense of medical negligence claims, particularly if successful.

Doctor McCabe, however, has been joined in his criticism of the use of junk science from respectable quarters. The United State Supreme Court, in Daubert v. Merrell Dow Pharmaceuticals, 509 US 579 (1993), strongly reminded federal judges of their "gatekeeping" responsibility in not permitting "junk science" to be presented to lay juries. There are several dozen reported cases by lower court judges demonstrating their commitment to that responsibility.

But interestingly, the creation of the "junk science" Doctor McCabe describes in the breast implant litigation did not come from studies by or from the mouths of lawyers. Rather, it came from members of the medical community. To be sure, lawyers used those members of the medical community to advance the interests of their injured clients. And as we have seen, judges have

exercised their responsibility in not permitting use of insupportable medical opinions. But, it is the medical community in the first instance which bears the burden of controlling "junk science" among its membership. An emotional blast at the legal system, lawyers and judges may be satisfying, but it is demonstrably intellectually dishon-

Perhaps the greatest disappointment of Doctor McCabe's column is his wholly unjustified name-calling of those men and women who are called upon and serve as jurors in trials every day all over this country. They are our peers whom the founding fathers designated to judge the facts in both civil and criminal controversies. I suspect it has been some time since Doctor McCabe has taken the time to read and consider the importance of the Seventh Amendment to the Constitution preserving the right to trial by jury. If Doctor McCabe served as a juror, he would find that his co-jurors take their assignment seriously and perform their task in good faith and conscientiously. They re neither "gullible" nor "befuddled." And, more often than not, the outcome is as it should be.

We fear Doctor McCabe has let his bias and name-calling cast a shadow over an issue worth distilling: "junk science." We hope that members of the Michigan State Medical Society agree with us that

continued on page 47

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## Question:

Do you approve or disapprove of the cloning experiments which recently produced "Dolly" the sheep in Scotland?

I approve of cloning for animals, but not for human beings.

Bernard Reizner, MD Radiology, Jackson

Cloning "Dolly" is science, and I approve of it. However, I absolutely disapprove strongly of

any attempt to clone the hu-

man being. It could be a disaster.

Firooz Banooni, MD

Obstetrics/Gynecology, Bingham Farms

I don't approve of cloning Dolly, the sheep, or any other Dolly. I respect individuality and am not sure there is any advantage in perpetuating one individual in numbers. Environmental factors make any outcome unpredictable. Besides, variety is the spice of life.

### Clay Gordon, MD

General Surgery, Birmingham

The recent advent of the cloning procedure has definite advantages for research purposes. Genetic variability in a research animal population now has the potential to be controlled. I do not feel, however, that this process should be applied to humans.

### Julie A. Dodds, MD

Orthopedic Surgery, East Lansing

Animal husbandry has been developed over many generations of the sire or dam, and therefore the cloning of "Dolly" makes sense for the desirable characteristic. However, variables of environment, as well as genetic makeup are not nearly as well developed for humans. I think it is easy to make a choice that seems to be desirable, but the outcome can often be unforeseen. That is, a desirable genetic trait may be deleted.

### E. L. Schmitt, MD

Radiology, Ann Arbor

There are pros and cons to cloning, depending on who you are cloning! But more seriously, it is going to take a long time before we are ready to even consider cloning as an option. Let's remember the controversy that in vitro fertilization created when it was first introduced in 1978. And then more recent technology, such as injection of single sperm inside the egg, makes IVF appear as a conservative procedure. In due time, cloning will find the place it deserves in society, depending on advances made in the field and the way society will envision its contribution to promotion of health and science.

### Mohammad Mohsenian, MD

Obstetrics/Gynecology, Lansing



## Doctors jump to medical Web sites via MSMSNET

By Claudia Skutar

You've heard about all the medical information available in cyberspace, but what good is it when it takes you light years to locate it on the Internet? MSMSNET, located at http://www.msms.org/ on the world wide web can save you time in finding updates about medicine, drugs, conferences, medical databases and other news which can help you in your practice.

Under Internet Sites on MSMSNET, you'll find links which can take you to hundreds of medical sites. Doctor's Guide to the Internet is an excellent link with which to start (you also can access it at http://www.pslgroup.com/ DOCGUIDE.HTM). Some of the site still is under construction, but the information you will find is well worth the visit. Here are some of the resources you'll find there:

### **Medical News**

Check out the latest medical updates by subject or date. Learn what's happening in anesthesia, pediatrics, immunology and many other areas. Or, scan the medical news database by date for information on a variety of topics such as how Neuprex prevents infectious complications after liver removal.

### **Doctor's Exchange**

Practicing physicians can join moderated online discussions about future trends in the diagnosis and treatment of various diseases. You'll find groups being created to discuss trends in the management of depression, asthma and osteoporosis and the use of cytokines. Or, suggest a topic of your own.



### **New Drugs**

This section contains more than 250 documents compiled from the Internet describing new drugs or new indications for existing drugs.

### **Doctor's Guide Email** Edition

If you'd like to have free weekly announcements of medical news updates which are posted to Doctor's Guide to the Internet, you can opt to receive an email newsletter directly in your electronic inbox. Just send an email request to Lyne Pleau at lynep@pslgroup.com. Each Wednesday you'll receive a listing of general medical news of the week on the Web. Along with that the Doctor's Guide to the Internet Email Edition will provide an information and resources feature—a compilation of medical news on a particular topic posted to the Guide's Internet

Previous weekly features have included a package of medical information about Alzheimer's Diseasehttp://www.pslgroup.com/ ALZHEIMER.HTM —for instance.

### **Financial and Business** Resources

This area contains a handful of email links to provide additional help to doctors. A link to Merrill Lynch can take doctors to information for planning and managing a business. Another link jets Doctor's Guide to the Internet visitors to Worldwide Medical Services, a health care employment recruiter with a Web site which brings doctors seeking new jobs together with employers.

The author is MSMS editor of electronic communications.

Surfing the Internet is a monthly feature of Michigan Medicine. If you have questions regarding MSMSNET content and/or links, contact Editor of Electronic Communications Claudia Skutar at eskutar(a msms.org, or at 517-336-5748. For technical questions about MSMSNET or Voyager Information Services, contact William R. DeCourcy, Jr. at MSMS at wdecourcy(a msms.org or at 517-336-7575.

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In hypertension

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Efficacy comparable to Procardia XL®1.2 and Norvasc®\*3.4

Similar safety profile<sup>†</sup> to Procardia XL<sup>1,3</sup> and Norvasc<sup>3,4</sup>

Substantially lower cost than Procardia XL and Norvasc<sup>‡5</sup>

Once-A-Day



30mg, 60mg & 90mg

### A PRACTICAL CHOICE

Adalat CC is not indicated for angina. It should be taken on an empty stomach. As with all distinct phermacologic entities, switching from one to another may necessitate careful titration and patient monitoring.

\*Procardia XL (nifedipine) and Norvasc (amlodipine besylate) are registered trademarks of Pfizer Labs Division, Pfizer Inc.

†Frequency and type of side effects are typical of dihydropyridine calcium channel blockers.<sup>6</sup>

‡Calculations based on suggested Average Wholesale Price (AWP).<sup>5</sup> AWP is from a published price list and may or may not represent the actual price to pharmacists or consumers.

Please see brief summary of Prescribing Information on following page.



30mg, 60mg & 90mg

### A PRACTICAL CHOICE

### BRIEF SUMMARY CONSULT PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION

P7500046BS

INDICATION AND USAGE: ADALAT CC is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agent CONTRAINDICATIONS: Known hypersensitivity to nifedipine.

WARNINGS: Excessive Hypotension: Although in most patients the hypotensive effect of infedigine is modest and well loterated, occasional patients have had execute and poorly tolerated hypotension. These responses have usually occurred during initial literation or at the time of subsequent upward dosage adjustment, and may be more likely in patients using concomitant beta-blockers.

Severe hypotension and/or increased fluid volume requirements have been reported in Severe hypotension and/or increased that values requirements have been reported in patients who received immediate release capsules together with a beta-blocking agent and who underwent coronary artery bypass surgery using high dose fentanyl anesthesia. The interaction with high dose fentanyl appears to be due to the combination of infectipine and a beta-blocker, but the possibility that it may occur with infectipine alone, with low doses of fentanyl, in other surgical procedures, or with other narrotic analgesists cannot be ruled out. In rifledipine-freated patients where surgery using high dose tentanyl anesthesia is contemplated, the physician should be aware of these potential problems and, if the patient's condition permits, sufficient time (at least 36 hours) should be allowed for infedipine to be worshed out of the body prior to surgery.

Increased Angina and/or Myocardial Infarction: Rarely, patients, particularly those who have severe obstructive coronary artery disease, have developed well documented increased frequency, duration and/or severity of angina or acute myocardial infarction upon starting nifedipine or at the time of dosage increase. The mechanism of this effect is not established.

Beta-Blocker it is important to taper its dose, if possible, rather than stopping abruptly before beginning nifedipine. Patients recently withdrawn from beta blockers may develop a withdrawd syndrome with increased angina, probably related to increased sensitivity to artificturies. Initiation of nifedipine treatment will not prevent this occurrence and on occasion has been reported to increase it.

Congestive Heart Failure: Farely, patients (usually while receiving a beta-blocker) have developed heart failure after beginning infedigine. Patients with light partic stems: s may be at greater risk for such on event, as the unloading effect of nifedipine would be expected to be of less benefit to these patients, owing to their fixed impedance to

PRECAUTIONS: General - Hypotension: Because nifedipine decreases peripheral vas-

PRECAUTIONS: General - Hypotension: Because nifedipine decreases peripheral variations of a Carbul monitoring of blood pressure during the initial administration and filtration of ADALAT CC is suggested. Close observation is especially recommended for patients already taking medications that are known to lower blood pressure (See WARNINGS). Peripheral Edema: Mild to moderate peripheral edema occurs in a dose-dependent monner with ADALAT CC. The placebo subtracted rate is approximately 8% at 30 mg, 12% at 60 mg and 19% at 90 mg daily. This edema is a localized phenomenon, though to be associated with vascalidation of dependent arterioles and small blood vessels and not due to left ventricular dysfunction or generalized fluid retention. With patients whose hypertension is complicated by congestive heart failure, care should be taken to differentiate this peripheral edema from the effects of increasing left ventricular dysfunction.

Information for Patients: ADALAT CC is an extended release tablet and should be wallowed whole and taken on an empty stomech. It should not be administered with swallowed whole and taken on an empty stomach. It should not be adn food. Do not chew, divide or crush tablets.

Tood. Do not riew, drivide or crush tables.

Laboratory Tests: Rare, usually transient, but occasionally significant elevations of enzymas such as alkaline phosphatose, CPK, LDH, SGOT, and SGPT have been noted. The relationship to nifedipine therapy is uncertain in most cases, but probable in some. These laboratory abnormalities have rarely been associated with clinical symptoms; however, cholestosis, with or without joundise has been reported. A small increase (<5%) in mean alkaline phosphatose was noted in patients treated with ADALAT CC. This was an isolated finding and it rarely resulted in values which fell outside the normal range. Rare instances of altergic hepatitis have been reported with nirelatione treatment. In controlled studies, ADALAT CC did not observely affect serum unic acid, glucose, cholesteral or protessium.

Notation is like other colcium channel blockers, decreases platelet aggregation in vitro. Limited clinical studies have demonstrated a moderate but statistically significant decrease in platelet aggregation and increase in bleeding time in some nifedipine patients. This is thought to be a function of inhibition of calcium transport across the platelet membrane. No clinical significance for these findings has been demonstrated. Positive direct (combs' test with or without hemolytic anemio has been reported but a causal relationship between nifedipine administration and positivity of this laboratory test, including hemolysis, could not be determined.

Although rifedipine has been used safely in patients with renal dysfunction and has been reported to exert a beneficial effect in certain cases, rare reversible elevations in BUN and serum creatinism have been reported in patients with pre-existing chronic renal insufficiency. The relationship to nifedipine therapy is uncertain in most cases but probable in some. Drug Interactions: Beta-adrenergic blocking agents: (See WARNINGS).

ADALAT CC was well tolerated when administered in combination with a beta blocker in ADALAI CL was well lolerated when administered in combination with a beta blocker in 187 hypertensive politents in a placebo-controlled clinical trial. However, there have been accessional literature reports suggesting that the combination of nitedipine and beta-adrenergic blocking drugs may increase the likelihood of congestive heart failure, severe hypotension, or excrebation of angina in patients with cardiovascular disease. Digitalis: Since there have been isolated reports of patients with elevated digoxin levels, and there is a possible interaction between digoxin and ADALAT CC, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing ADALAT CC to avoid possible over- or under-digitalization.

Coumarin Anticoagulants: There have been rare reports of increased prothrombin time in patients taking coumarin anticoagulants to whom nifedipine was administered. However, the relationship to nifedipine therapy is uncertain

Outsidine: There have been rare reports of an interaction between quinidine and nifedipine (with a decreased plasma level of quinidine).

Cimetidine: Both the peak plasma level of nifedipine and the AUC may increase in the pres-

comerciance south are percept postable server in interprete and are Act unity in desired in the presence of cimerbidine. Rantifician produces smaller non-significant increases. This effect of melitidine may be mediated by its known inhibition of hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass methodostern of infeligine. In intelligine, the resulting by inhibition of the first-pass methods more of infeligine. In frieding the representation of the production o

Cardinagenesis, Mutagenesis, Impairment of Fertifity. Nifedipine was administered orally to rats for two years and was not shown to be cardinagenic. When given to rats prior to maling, intelligine coused reduced fertility at a dose approximately 30 miss the maximum recommended human dose. In vivo mutagenicity studies were negative.

Pregnancy: Pregnancy Category C. In rodents, rabbits and mankeys, nifedipine has been shown to have a variety of embryotoxic, placentotoxic and fetotoxic effects, including stunted fetuses (rats, mice and rabbits), digital anomalies (rats and rabbits), ris deformities (rince), defin placents and underdeveloped chorionic villi (monkeys), embryonic and fetal deaths (rats, mice and rabbits), prolonged pregix villt (mankeys), embryonic and fetal deaths (rats, mice and rabbits), prolonged preg-nancy (rats; not evaluated in other species), and decreased neonals survival (rats; not evaluated in other species). On a mg/kg or mg/m² basis, some of the doses associated with these various effects are higher than the maximum recommended human dose and some are lower, but all are within an order of magnitude of it. The digital anomalies seen in infedigine-exposed rabbit pups are strikingly similar to those seen in pups exposed to phenytoin, and these are in turn similar to the pha-langed deformities that are the most common malformation seen in human children with instructure and processors.

with in utero exposure to phenytoin.

There are no adequate and well-controlled studies in pregnant women. ADALAT CC should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Nursing Mothers: Nifedipine is excreted in human milk. Therefore, a decision should be made to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

ADVERSE EXPERIENCES: The incidence of adverse events during treatment with ADALAT CC in doses up to 90 mg daily were derived from multi-tenter placebo-controlled clinical trials in 370 hypertensive patients. Alenolol 50 mg once daily was used concomi-tantly in 187 of the 370 patients on ADALAT CC and in 64 of the 126 patients on placebo. All adverse events reported during ADALAT CC therapy were tabulated independently of their causal relationship to medication.

meir coust retinionsnip to meakothon.

The most common adverse event reported with ADALAT® (C was peripheral edema. This was dose related and the frequency was 18% on ADALAT (C 30 mg daily, 22% on ADALAT (C 60 mg daily and 29% on ADALAT (C 90 mg daily versus 10% on placebo. Other common adverse events reported in the above placebo-controlled trials include: Headache (19%, versus 13% placebo incidence); Flushing/heat sensation (4%, versus 0% placebo incidence); Frest (4%, versus 10% placebo incidence); Flushing/heat sensation (4%, versus 4% placebo incidence); Musen (2%, versus 1% placebo incidence); Gonstipoition (1%, versus 0% placebo incidence); Musen (2%, versus 1% placebo incidence); Musen (2%, versus 1%, p

Where the frequency of adverse events with ADALAT CC and placebo is similar, causal relationship cannot be established. The following adverse events were reported with an incidence of 3% or less in daily doses up to 90 mg:

Body as a Whole/Systemic: chest poin, leg pain Central Nervous System: paresthesia, vertigo Dermatologic: rash Gastrointestinal: constipation Musculoskeletal: leg cramps Respiratory: epistaxis, rhinitis Urogenital: impo-

lence, urinary frequency Other adverse events reported with an incidence of less than 1.0% were

Other odverse events reported with an incidence of less than 1.0% were:

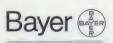
Body as a Whole/Systemic: cellulitis, chills, facial edema, neck pain, pelvic pain,
pain Cardiovascular: atrial fibrillation, bradycardia, cardiac arrest, extrasystole,
hypotension, polipitations, phlebitis, postural hypotension, tachycardia, cutaneous angiectuses: Central Nervous Systems anxiety, confusion, decreaced libido, depression,
hypertonia, insomnia, somnolence Dermatologic: pruritus, sweating
Gastrointestinal: abdominal pain, diarrhea, dry mouth, dyspepsia, esophagilis, flatulane, gastrointestinal hemorthage, vomiting. Hematologic: lymphadenopathy
Metabolic: gout, weight loss: Musculoskeletal: arthralgia, arthritis, myalgia
Respiratory: dyspnea, increased cough, roles, pharyngitis: Special Senses: abnormal vision, amblyopia, conjunctivitis, diplopia, timinitus Uragenital/Reproductive:
kidney calculus, nocturia, breast engargement

The following adverse events have been reported rarely in patients given nifedipine in other formulations: allergenic hepatitis, alopecia, anemia, arthritis with ANA (+), depression, erythromeloligia, exfoliative dermalitis, lever, gingival hyperplasia, gynecomastic, leukopenia, modo changes, muscle cramps, nervousness, paranoid syndrome, purpura, shakiness, sleep disturbances, syncope, taste perversion, thrombocytapenia, transient blindness at the peak plasma level, tremor and urticaria.

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### References:

1. Glasser SP. Ripa SR, Allenby KS, Schwartz LA, Commins BM, Jungerwirth S, on behalf of the Nifedipine Study Group. The Efficacy and Safety of Once-Daily Nifedipine Administered without Food: The Coat-Core Formulation Compared with the Gastrointestinal Therapeutic System Formulation in Patients with Mild-to-Moderate Hypertension Clin Ther. 1995;17(2):296-312. 2. Glasser SP, Jain A, Allenby KS, Shannon T, Pride K, Pettis PP, Schwartz L, MacCarthy EP, and the Nifedipine Study Group. The Efficacy and Safety of Once-Daily Nifedipine The Coat-Core Formulation Compared with the Gastrointestinal Therapeutic System Formulation in Patients with Mild-to-Moderate Diastolic Hypertension. Clin Ther. 1995;17(1):12-29 3. Data on file, Bayer Corporation, Pharmaceutical Division. 4. Zidek W. Spiecker C. Knaup G. Steindl L. Breuer H-W. on behalf of the Hypertension Study Group. Comparison of the Efficacy and Safety of Nifedipine Coat-Core Versus Amlodipine in the Treatment of Patients with Mild-to-Moderate Essential Hypertension. Clin Ther. 1995;17(4):686-700. **5.** Redbook Update. Montvale, NJ, Medical Economics Data, Inc., December 1996 6. Adalat' CC Product Monograph, April 1995.



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# Organized medicine physicians' best advocate

What role can collective bargaining play for physicians?

By Richard D. Weber

Question: There has been a lot written recently about physicians joining unions in order to fight managed care organizations from taking over control of the practice of medicine. I have even read that the National Labor Relations Board has cleared doctors to hold a union election to bargain collectively with a Tucson clinic and its owner, a California-based HMO. I have also read that podiatrists are organizing a nationwide union as a result of frustrations with managed care programs that are proliferating in podiatry. Why can't physicians form or join a union to fight managed care and its encroachment on the practice of medicine?

**Answer:** It is true that unions have been formed to bargain collectively for health care professionals. Physicians, dentists and podiatrists have been involved. Reportedly, the Florida-based Federation of Physicians and Dentists has more than 3,000 members and the Oakland, California based Union of American Physicians and Dentists has over 5,000 members. New York's office of Professional Employees International Union already represents a number of podiatrists. At least two of these unions are affiliated with the AFL-CIO. Recently, the Executive Director of the Michigan Podiatric Medical Association, in that organization's Journal, stated that MPMA has been working feverishly on the formation of a Michigan Affiliate to the First National Guild for Health Care Providers for the Lower Extremity.

Organized labor's ability to help physicians collectively negotiate with managed care plans is severely restricted by the federal antitrust and labor laws. Unions can provide collective bargaining functions only for employed doctors who do not fall within a supervisory capacity. This would be limited to employed doctors who have no control over hours, patient load, or management decision-making issues. Physicians employed by a clinic or hospital, along with independent practitioners, may not legally join unions to negotiate with managed care organizations on issues relating to reimbursement or market share, or otherwise use any threat of a strike or boycott.

With the possible exception of nonsupervisory employed physicians bargaining with their employer, physicians would gain nothing under the law by forming or joining a union. The Michigan State Medical Society, or any other component or specialty society, can do as much under the law as a union when the members are independent practitioners. MSMS

and other medical societies are in a better position, both legally and professionally, than unions to assist in efforts to combat managed care intrusion into the physician-patient relationship. Unionism is not the answer to the health care professions.

Neither MSMS nor any union can collectively negotiate on behalf of independent practicing physicians or employed physicians with respect to non-employer entities. The antitrust law restrictions apply equally. MSMS may exercise First Amendment rights to express the views of its members to managed care entities concerning any issue. MSMS has the right to inform its members on issues affecting medicine, including managed care reimbursement issues, so that the physician members may make their own individual decisions.

The federal antitrust laws have been loosened with respect to integrated physician networks. In 1996, the Federal Trade Commission and Department of Justice issued revised guidelines relative to physician networks and the federal antitrust laws. For a discussion of these guidelines, see my "Ask Our Lawyer" column published in the February 1997 issue of Michigan Medicine.

Mr. Weber is MSMS legal counsel and senior partner in the Detroit firm of Kerr, Russell and Weber.

Editor's Note: if you have legal questions you would like answered by MSMS legal counsel in this column, send them to Judy Marr, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950, or fax them to (517) 337-2490 or e-mail them to jmarr(a msms.org. You may respond to Mr. Weber's column on-line now at http://www.msms.org/



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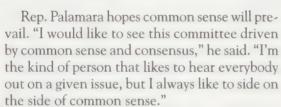


# Representative Joseph Palamara

Medicaid managed care tops House Health Policy Committee agenda

### By Jacque Sewall

eginning his thirteenth year on the House Health Policy Committee (formerly the House Public Health Committee), Representative Ioseph Palamara "knocks on wood," and rolls up his shirt sleeves. As the newly appointed chair of the committee, he's prepared for the challenge of a term that opened with several pressing issues already on the table.



A firm believer in the old adage, "If you don't have your health you don't have much of anything," Rep. Palamara promises to explore "any and all avenues to look out for the health of Michigan's citizenry."

Medicaid managed care, pain management and hospital conversions from non-profit to forprofit businesses will headline the Committee's agenda.

### Medicaid transition to managed care

In February, Rep. Palamara appointed a subcommittee to study the Medicaid transition to managed care. The committee, co-chaired by Representative Sharon Gire and Representative Raymond Murphy, will make recommendations so that "nobody falls through the cracks."

"As Medicaid transitions to managed care," Rep. Palamara added, "we need to ensure that these people still have a choice in terms of which physician will be treating them. Everyone wants to go to a physician they are comfortable with. We need to make patient choice a high priority."

Pain management bills have also been re-introduced into the legislature to establish and regulate pain management and to require insurance companies to pay for appropriate services. Establishing bills on which health care providers, facilities and patients can agree will be challenging as "mandated benefits don't get very far around here anymore," said Rep. Palamara.

### When businesses acquire non-profit hospitals

Recent concerns raised by Attorney General Frank Kelly have turned the spotlight on hospital conversions. "The Columbia HCA - Michigan Capital Healthcare venture may have forced the issue," said Rep. Palamara, "but hospital conversions - the acquisition of nonprofit hospitals by for-profit businesses - were bound to happen sooner or later." He predicts that such acquisitions will become a major trend in the twenty-first century. Palamara hopes to enact legislation to safeguard charitable assets accumulated over the years, and to protect communities, health care providers and patients.

### Additional legislation

Other legislation the Committee will introduce addresses gag clauses, genetic testing and licensure for EMS.

Though most companies and HMOs contend they don't implement gag clauses, committee members believe legislation should exist to "spell out that it would be illegal to restrict the level of care that a patient might receive under the guise of saving money," said Rep. Palamara.

Genetic testing, another medical issue grabbing headlines, also requires legislation so the practice isn't "abused in any way, shape, or form." Rep. Kirk Profit will introduce legislation outlining those protections this term.

Rep. Palamara would also like to see licensure for emergency medical services go to indi-



Joseph Palamara

viduals rather than agencies, noting situations in which qualified individuals may not be able to provide treatment "because not everyone in the agency is at the same level, and the agency is not licensed at that level. If someone has the knowledge and training in providing a certain level of care, they should be able to do so on any given emergency run."

### The public's role in policy making

Many issues Rep. Palamara and the committee act on are brought to their attention by people from all corners of the state, from all walks of life. The committee sends meeting and agenda notices to over 300 groups and encourages expert oral or written testimony, considering organizations such as MSMS to be "a valuable information resource.

Though issues in the spotlight demand leg-

islators' time and attention, Rep. Palamara cites other important issues facing him and his colleagues. A 1995 survey indicated that as many as 250,000 children in Michigan lack health care coverage, a figure which has prompted Palamara to determine how to provide "100 percent coverage of children in our state."

"I would like to see as many people as possible have quality health care," said Rep. Palamara. "That will be the challenge this country faces as we head into the twenty-first century. The questions will be how do we pay for it, who gets it, and in what order are people allowed that health care. Every citizen in Michigan wants the best health care possible for themselves and their loved ones, and that's what we would like to see happen."

The author is a Mason-based freelance writer.

Rep. Palamara promises to explore "any and all avenues to look out for the health of Michigan's citizenry."

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- 14, Capitol Check-Up Day. Location: Capitol, East Lansing. Contact: Donna LaGosh at MSMS at 517-336-5788.
- 15, MSMS Internet Training Seminars. Location: Grand Rapids. Contact: Jody Jodway at MSMS at 517-336-7604.
- 16, MSMS Internet Training Seminars. Location: Novi. Contact: Jody Jodway at MSMS at 517-336-7604.
- 19. Health Education Foundation Golf Outing. Location: Lansing Country Club. Contact: Judy Marr at MSMS at 517-336-5744.
- 20, MSMS Internet Training Seminars. Location: Battle Creek. Contact: Jody Jodway at MSMS at 517-336-5604.
- 22-23, Physician Education Leadership Institute. Location: Ann Arbor Campus Inn. Contact: Julie Lester at MSMS at 517-336-5768.
- 23, MSMS Internet Training Seminars. Location: Troy. Contact: Jody Jodway at MSMS at 517-336-7604.
- 29-30, Maternal and Perinatal Health Retreat. Location: Yarrow Conference Center. Contact: Bryce Docherty at MSMS at 517-336-5719.

### June

- 5, MSMS Internet Training Seminars. Location: Marquette. Contact: Jody Jodway at MSMS at 517-336-7604.
- 6, MSMS Internet Training Seminars. Location: Flint. Contact: Jody Jodway at MSMS at 517-336-7604.

### July

23-27, Mid-Summer Board Meeting. Location: Mackinac Island Grand Hotel. Contact: Irene Frost at MSMS at 517-336-5734.

### August

- 15, MSMS Internet Training Seminars. Location: Novi. Contact: Jody Jodway at MSMS at 517-336-7604.
- 19, MSMS Internet Training Seminars. Location: Battle Creek. Contact: Jody Jodway at MSMS at 517-336-7604.
- 22, MSMS Internet Training Seminars. Location: Troy. Contact: Jody Jodway at MSMS at 517-336-7604.

### September

- 4, MSMS Internet Training Seminars. Location: Grand Rapids. Contact: Jody Jodway at MSMS at 517-336-7604.
- 5, MSMS Internet Training Seminars. Location: Flint. Contact: Jody Jodway at MSMS at 517-336-7604.

- 12, MSMS Internet Training Seminars. Location: Flint. Contact: Jody Jodway at MSMS at 517-336-7604.
- 17, MSMS Board Meeting. Location: MSMS headquarters. Contact: Irene Frost at MSMS at 517-336-5734.

### AMA

### June

22-26 AMA Annual Meeting. Location: Chicago Hyatt Regency, Chicago, IL. Contact: Judy Marr at MSMS at 517-336-5744.

### **Specialty Societies**

- 11-14, American Orthopaedic Association Annual Meeting. Location: Boca Raton Resort, Boca Raton, FL.
- 22-26, AMA Annual Meeting. Location: Chicago Hyatt Regency. Contact: Judy Marr at MSMS at 517-336-5744.

### September

- 11-12, Michigan Medical Group Managers Association. Location: Grand Rapids Amway Grand Plaza. Contact: Debbie Zannoth at MSMS at 517-336-5763.
- 12-14, Upper Peninsula Medical Societies Annual Meeting. Location: Houghton/Hancock. Contact: Ronald Bissett, MD at rbissett@up.net.

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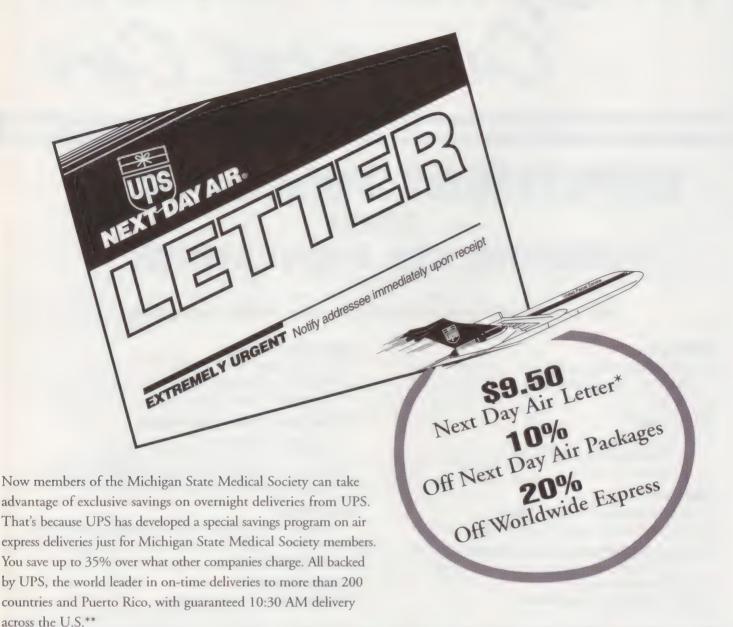
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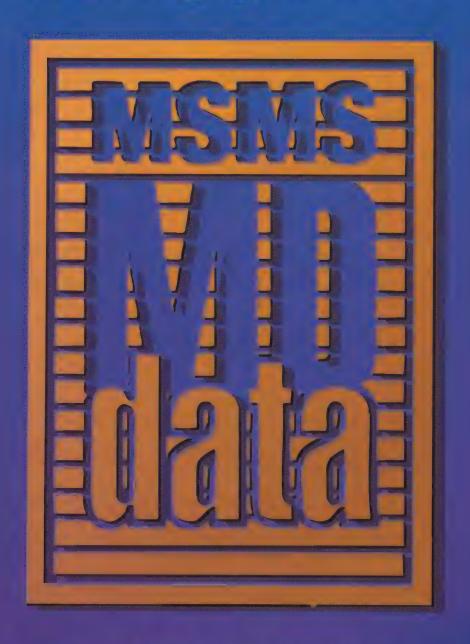
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# A new set of rules

Michigan physicians prepare for a changing environment



Results of the 1996 MSMS Survey on Practice Characteristics



## Survey documents medical trends

### By Julie L. Lester, MHSA

ichigan physicians have been responding over the past two years to changing incentives, new rules and criteria, and increasing scrutiny from purchasers

That is evident from the third MSMS survey on practice characteristics being unveiled with this issue of Michigan Medicine. Since the first time MSMS surveyed members in 1992, managed care has become more prevalent, physicians have been organizing, and computer technology has become more important to running a practice. In this, the third biennial MSMS survey, we are now able to see trends emerging and to monitor changes in the medical marketplace.

The survey was mailed to all actively practicing members in November 1996, and a statistically valid response again was achieved.

Information gathered from this comprehensive survey will be used in various ways to promote the interests of all physicians and patients. MSMS will use the data in legislative testimony, press releases and public information campaigns. A slide presentation highlighting the findings of the survey is available to interested groups. Individual physicians are encouraged to use the information in local discussions with consumers, employers and other health care providers.

Following are some of the key findings of the 1996 MSMS Survey on Practice Characteristics:

### **Demographics**

- The survey sample was 86.5 percent male and 13.5 percent female.
- Nearly half were from the Detroit/Ann Arbor metropolitan area.
- The average respondent was 50 years old and had been in practice for 18 years.
- Slightly over two-thirds of physicians reponding were specialists; in urban areas, 71 percent of physicians were specialists, whereas

in rural areas 57 percent were.

 Half of all respondents went to Michigan medical schools.

### **Practice Arrangement**

- The proportion of physicians in solo practice decreased from 40 percent in 1994 to 35 percent in 1996. The percentage of employed physicians remained relatively stable, while group practice physicians increased from 31 to 36 percent.
- As in the 1994 survey, eight out of 10 physicians in group practices were in single specialty groups.
- Multiple specialty groups were more common in rural than in urban areas.
- The most common physician group size was three to five physicians (41 percent).

### Practice Management/Technology

- Twenty-eight percent of physicians responding employed mid-level practitioners.
- Computer use continued to climb, with 94 percent of physicians using a computer in their practice.
- The most common use of computers was for practice billing and receivables and word processing.
- Over half of physicians who had computers had access to the Internet, most at home.
- · Querying research databasés and using email was the most common reason for accessing the Internet.
- Of those physicians that did not have a computer in their office (6.4 percent), the expense of purchasing and maintaining a system was the most common reason given.

### **Insurance Services**

 Nearly all physicians (94 percent) had health insurance coverage. 46 percent provided it for their employees, and 27 percent covered employees' families.

- Nearly half of physicians had their health insurance paid for by their practice.
- Nearly half of physicians had dental insurance, 15 percent provided it for employees, and 11 percent covered employees' families.
- · Among other benefit and insurance coverages, more than two-thirds of physicians had disability coverage, life insurance, and pension plans.

### **Practice Environment**

- Half of all physicians surveyed felt the supply of physicians in their area and specialty was about the right number, 12.5 percent said there were too few, and 32 percent said there were too many. The number of physicians citing a shortage declined each year since the survey began, and the number citing an oversupply increased.
- Urban physicians and specialists were more likely to feel there is an oversupply, while rural and primary care physicians were more likely to identify an undersupply.
- At least half of physicians said that managed care has not affected patient referrals, information sharing, collegiality or trust among physicians.
- The most common advantage of managed care identified was the opportunity to expand/ retain the patient base (37 percent).
- The most common disadvantage of managed care identified was the loss of autonomy (77 percent).
- In order to prepare for, or adjust to, accepting risk contracts, half of physicians were evaluating their practice costs.
- Nearly 4 out of 10 physicians joined a physician organization in the last two years, and another third joined a physician/hospital organization.

### Services

- Fifty-nine percent of physicians provided charity care in their practice, and over half of physicians said that they are providing about the same amount of charity care as they did five
- One-quarter of physicians donate their medical skills for community service projects, and 40 percent do other non-medical community service work.
- Rural physicians volunteered at higher rates than urban physicians.
- Only 11 percent of physicians were paid for hospital committee work or other peer review activities.

### **Finance**

- The average gross revenue per physician was \$438,800 in 1995.
- The average for total professional expenses was \$244,400.
- The average net income was \$189,800, with a median of \$160,000.

### Liability

- Although the number decreased slightly, nearly half of physicians still purchased their liability coverage themselves. The proportion whose liability premiums were paid for by a hospital or group practice increased steadily.
- The most common liability coverage was \$200,000/\$600,000.
- Sixty percent of physicians have had a liability suit brought against them, a figure that has remained steady since 1992.

### **Third Party Payers**

- Eight out of ten physicians participated with Blue Cross Blue Shield of Michigan and with Medicare.
- One third of physicians said that their reimbursement has decreased under Medicare's



Resource Based Relative Value Scale.

Most physicians will accept new Medicare patients and intended to sign the 1997 participation agreement.

The number of physicians accepting Medicaid patients without limits increased from 46 percent in 1994 to 58 percent in 1996.

For those that did not accept Medicaid patients or limit the number, reimbursement and other payment issues were the most common reasons for doing so.

Three-quarters of physicians accepted Workers Compensation patients.

Eight out of ten physicians contracted with managed care plans; of those who do so, HMO and PPO contracts were the most common.

Physicians were more likely to contract with managed care plans as part of a group practice or PO/PHO than in 1994.

The majority of physicians had neither been deselected or excluded from managed care plans.

Of those that had not yet contracted with a managed care plan, 32 percent were planning to do so in the coming year.

Three-quarters of physicians were subject to pre-authorization programs, and half complied with medical necessity review.

Only a third of physicians said they have never been prevented from providing a noncovered treatment.

Nearly six out of ten physicians had been denied payment retrospectively.

Over half of physicians said that reimbursement policy had an impact on their medical judgment.

The author is MSMS Manager of Health Care Research.

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July	Nantucket, MA 25-27	Lake Tahoe, NV 11-13	Martha's Vineyard, 11-13 MA	Lake Louise, Canada 24-26	Vancouver, Canada 17-19	Bermuda 17-19
Aug.	Monterey, CA	Orlando, FL	Yosemite, CA	Aspen, CO	Lake George, NY	Mackinac Island, MI
	22-24	8-10	8-10	8-10	1-3	August 1-3
Sept.	Bermuda 25-27			San Antonio, TX 19-21	Las Vegas, NV 26-28	San Francisco, CA 26-28
Oct.	Chicago, IL	San Diego, CA	Scottsdale, AZ	Las Vegas, NV	Oriando, FL	Cancun, Mexico
	17-19	31-11/2	31-11/2	24-26	3-5	23-25
Nov.	Las Vegas, NV	Naples, FL	Aruba	Orlando, FL	Anaheim, CA	Boca Raton, FL
	21-23	21-23	20-22	14-16	21-23	7-9
Dec.	Nassau, Bahamas	Las Vegas, NV	Key West, FL	Scottsdale, AZ	New York, NY	Grand Cayman, BWI
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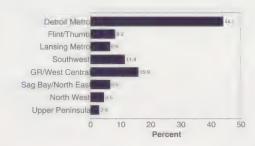
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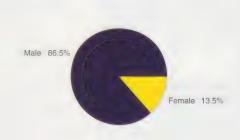
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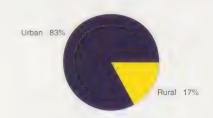
### Respondents by Region



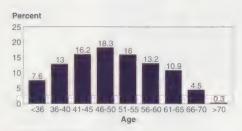
### Gender



### **Urban vs. Rural Respondents**

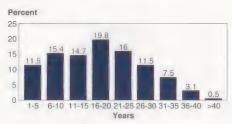


### Distribution by Age



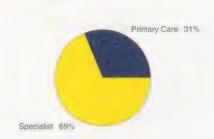
Average = 50 Years

#### **Years in Practice**

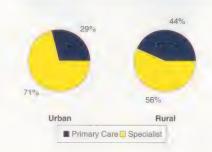


Average = 18 Years

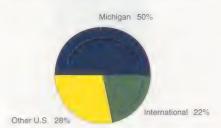
#### **Focus of Practice**



#### **Focus of Practice by Location**



#### **Location of Medical School**





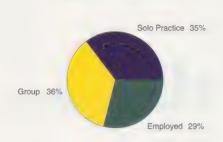
#### **Practice Arrangement**

The proportion of physicians in solo practice decreased from 40 percent in 1994 to 35 percent in 1996. The percentage of employed physicians remained relatively stable, while group practice physicians increased from 31 to 36 percent. As in the 1994 survey, 8 out of 10 physicians in group practices were in single specialty groups. Multiple specialty groups were more common in rural than in urban areas. The most common physician group size was three to five physicians (41 percent).

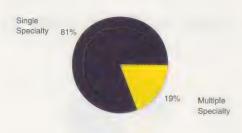
#### **Type of Practice**

Single physician practice	29.7%
Single physician/shares expenses	5.6%
Group Practice	35.8%
Employed by:	
Managed care organization	0.9%
Hospital	9.8%
Professional corp/practice	9.4%
University/teaching hospital	5.1%
Other organization	3.7%

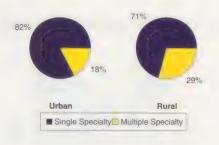
#### Type of Practice



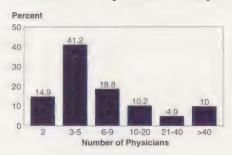
#### Type of Group



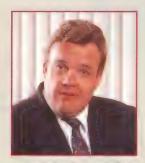
#### Type of Group by Region



#### Size of Physician Groups



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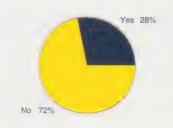
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#### **Practice Management/Technology**

Twenty-eight percent of physicians responding employed mid-level practitioners. Computer use continued to climb, with 94 percent of physicians using a computer in their practice. The most common use of computers was for practice billing and receivables, and word processing. Over half of physicians had access to the Internet, most at home. Querying research databases and using email was the most common reason for accessing the Internet. Of those physicians that did not have a computer in their office (6.4 percent), the expense of purchasing and maintaining a system was the most common reason given.

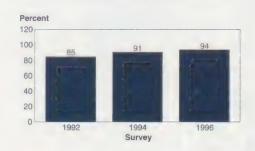
#### **Physicians That Employ Mid-Level Practitioners**



#### **Average Hourly Staff Wages**

	Minimum	Maximum
Physician Assistant	\$22.89	\$26.54
Registered Nurse	14.09	16.90
Nurse Practitioner	20.03	23.54
Nurse Clinician/Specialist	21.15	25.83
Medical Assistant	8.70	11.55
Imaging Technician	13.20	16.20
Laboratory Technician	11.76	14.17
Manager/Administrator	14.87	18.65
Billing Clerk	9.61	12.08
Receptionist	8.10	10.27

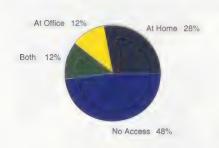
#### Office Uses a Computer



#### **Uses of Computer**

Practice billing & receivables	82%
Word processing	70%
General accounting functions	55%
Scheduling	48%
Management reports	47%
Dial to other computers	46%
Claims management	38%
Link to hospital, lab or pharmacy	38%
E-mail/bulletin board	27%
Provider reimbursement	26%
Medical records	20%
Member eligibility	13%
Referrals and authorizations	12%

#### **Physicians with Internet Access**



#### Uses of the Internet

Querying research databases	60%
Point-to-point email	52%
Consumer-physician exchanges	9%
Other uses	7%
Medical consultations	2%

#### Reason for Not Having a Computer

Expense of purchasing/maintaining	46%
Insufficiently trained staff	34%
Planning to retire soon	27%
Other reasons	26%
Need more knowledge	21%

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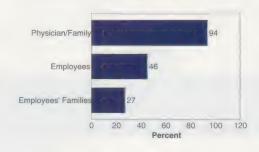
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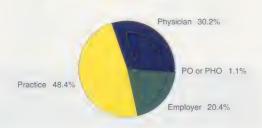
#### **Insurance Services**

Nearly all physicians (94 percent) had health insurance coverage. Another 46 percent provided it for their employees, and 27 percent covered employees' families. Nearly half of physicians had their health insurance paid for by their practice. Nearly half of physicians had dental insurance, 15 percent provided it for employees, and 11 percent covered employees' families. Among other benefit and insurance coverages, more than two-thirds of physicians had disability coverage, life insurance, and pension plans.

#### **Health Insurance Coverage**



#### Who Pays for Physician Health Insurance



#### **Dental Insurance Coverage**



#### **Other Physician Coverage**

[	Disability coverage	76%
L	_ife Insurance	73%
F	Pension	67%
E	Business overhead protection	25%
١	Vision benefits	22%
E	Business owners protection	18%
[	Directors & officers liability	13%
L	ong term care insurance	13%
E	Errors & omissions coverage	7%



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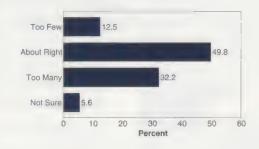




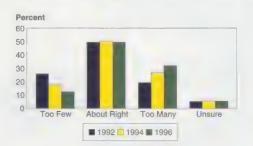
#### **Practice Environment**

Half of all physicians surveyed felt the supply of physicians in their area and specialty was about the right number, 12.5 percent said there were too few, and 32 percent said there were too many. The number of physicians citing a shortage declined each year since the survey began, and the number citing an oversupply increased. Urban physicians and specialists were more likely to feel there is an oversupply, while rural and primary care physicians were more likely to identify an undersupply. At least half of physicians said that managed care has not affected patient referrals, information sharing, collegiality or trust among physicians. The most common advantage of managed care identified was the opportunity to expand/retain the patient base (37 percent). The most common disadvantage of managed care identified was the loss of autonomy (77 percent). In order to prepare for or adjust to accepting risk contracts, half of physicians were evaluating their practice costs. Nearly 4 out of 10 physicians joined a physician organization in the last two years, and another third joined a physician/hospital organization.

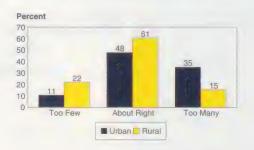
#### Supply of Physicians



#### Change in Perception of Supply



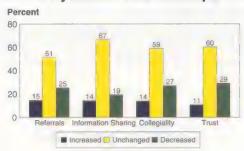
#### Supply of Physicians by Region



#### Supply of Physicians by Specialty



#### Effect of Managed Care on Physician Relationships



#### **Advantages to Managed Care**

Expand/retain patient base	37%
Greater incentive to coordinate care	22%
Greater incentive for prevention/wellness	20%
Potential increase in income	12%
Focus on patient care	8%
More power for negotiating	8%
Increase of autonomy	3%
No significant advantage	47%

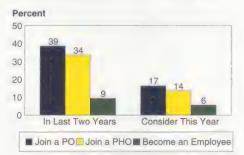
#### **Disadvantages to Managed Care**

Loss of autonomy	77%
Potential decrease in income	72%
Concern over decrease in quality	72%
Loss of control	65%
Liability concerns	51%
Less power in negotiating	47%
Less career flexibility	39%
No significant disadvantage	4%

## Steps Physicians Are Taking to Prepare to Accept Risk Contracts

Evaluating practice costs	52%
Having contracts reviewed	26%
Soliciting help from consultants	24%
Obtaining tracking software	11%

#### **Organizational Changes**

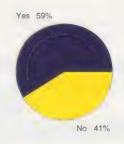




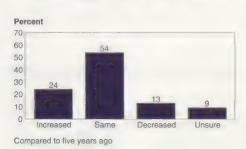
#### Services

Fifty-nine percent of physicians provided charity care in their practice, and over half of physicians said that they are providing about the same amount of charity care as they did five years ago. One-quarter of physicians donate their medical skills for community service projects, and 39 percent do other non-medical community service work. Rural physicians volunteered at higher rates than urban physicians. Only 11 percent of physicians were paid for hospital committee work or other peer review activities.

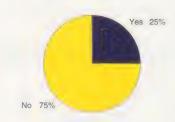
#### **Physicians Providing Charity Care**



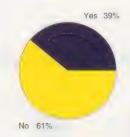
#### **Change in Charity Care**



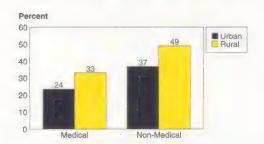
#### **Community Services Using Medical Skills**



#### **Other Community Service Work**



#### Volunteer Work by Region



#### **Charity Care and Volunteer Work** Average Per Physician

Free Care Reduced Fee Care 3.5 hours/week 4.4 hours/week

Volunteer Work:

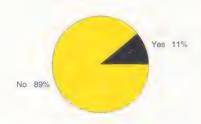
Medical

5.7 hours/month

Non-Medical

6.1 hours/month

#### **Physicians Paid for Hospital Committee Work**



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#### **Finance**

The average gross revenue per physician was \$438,800 in 1995. The average for total professional expenses was \$244,400. The average net income was \$189,800, with a median of \$160,000. Because financial figures tend to be influenced by extreme values, the median value may be a better reflection of what the "average" physician experiences.

Gross Revenues Per Physician (in Thousands of Dollars), 1995

Gross Revenues Fer Physician (in Thousands of Dollars), 1995						
	No. of	5	Standard	25th		75th
Region	Responses	Mean	Error	Percentile	Median	Percentile
Detroit/Ann Arbor	326	502.5	78.2	187.5	331.8	550.0
Lower Peninsula-Urban*	303	423.3	22.5	240.0	325.0	500.0
Lower Peninsula-Rural	125	326.5	19.8	184.5	250.0	420.0
Upper Peninsula	N/A**					
Location						
Urban	655	462.0	40.3	220.0	330.0	500.0
Rural	145	327.5	18.0	185.0	275.0	430.0
Specialty Type						
Primary Care	252	296.5	12.4	160.0	251.5	374.5
Specialist	560	505.2	47.0	230.8	350.0	550.0
Michigan	837	438.8	31.9	200.0	315.0	500.0

<sup>\*</sup>Non-Detroit/Ann Arbor

<sup>\*\*</sup>Insufficient data to report this region

Total Professional Expens					of Do	
Region	No. of Responses		Standard Error		Median	75th Percentile
Detroit/Ann Arbor	259			80.0		
Lower Peninsula-Urban*	249	224.6		92.4	170.0	265.5
Lower Peninsula-Rural	100	169.9		61.0	112.0	211.6
Upper Peninsula	N/A**					
Location						
Urban	534	257.6	26.6	83.5	169.0	275.0
Rural	119	176.9		64.0	114.0	221.6
Specialty Type						
Primary Care	185	191.9	19.0	85.0	150.0	220.0
Specialist	479	266.0		80.0	160.0	
Michigan	682	244.4	21.3	80.0	152.5	250.5
Net Income, After Expens						
	ses Before	e Taxes	, Per Pl	hysician		ousands of Dol-
Net Income, After Expens		Taxes	, Per Pl	hysician 25th	(in Th	
Net Income, After Expens lars), 1995	ses Before	Taxes	, Per Pl Standard Error	hysician 25th	(in The	ousands of Dol-
Net Income, After Expens lars), 1995 Region	No. of Responses	Mean 199.1	, Per Pl Standard Error	25th Percentile 120.0	(in The	ousands of Dol- 75th Percentile
Net Income, After Expensions, 1995 Region Detroit/Ann Arbor	No. of Responses 454	Mean 199.1 193.0	Frer Plandard Error 116.0	25th Percentile 120.0 117.0	(in The Median 176.5 165.0	75th Percentile 250.0
Net Income, After Expens lars), 1995 Region Detroit/Ann Arbor Lower Peninsula-Urban*	No. of Responses 454 389	Mean 199.1 193.0 163.9	Fer Plandard Error 116.0 114.4	25th Percentile 120.0 117.0	(in The Median 176.5 165.0	75th Percentile 250.0 235.5
Net Income, After Expensions, 1995  Region Detroit/Ann Arbor Lower Peninsula-Urban* Lower Peninsula-Rural	No. of Responses 454 389 162	Mean 199.1 193.0 163.9	Fer Plandard Error 116.0 114.4	25th Percentile 120.0 117.0	(in The Median 176.5 165.0	75th Percentile 250.0 235.5
Net Income, After Expensions, 1995  Region Detroit/Ann Arbor Lower Peninsula-Urban* Lower Peninsula-Rural Upper Peninsula	No. of Responses 454 389 162	Mean 199.1 193.0 163.9	Fer Plandard Error 116.0 114.4 99.4	25th Percentile 120.0 117.0	(in The Median 176.5 165.0 150.0	75th Percentile 250.0 235.5 200.0
Net Income, After Expensions, 1995  Region Detroit/Ann Arbor Lower Peninsula-Urban* Lower Peninsula-Rural Upper Peninsula Location	No. of Responses 454 389 162 N/A**	Mean 199.1 193.0 163.9	Fer Plandard Error 116.0 114.4 99.4	25th Percentile 120.0 117.0 115.0	(in The Median 176.5 165.0 150.0	75th Percentile 250.0 235.5 200.0
Net Income, After Expensions, 1995  Region Detroit/Ann Arbor Lower Peninsula-Urban* Lower Peninsula-Rural Upper Peninsula  Location Urban Rural	No. of Responses 454 389 162 N/A**	Mean 199.1 193.0 163.9	Standard Error 116.0 114.4 99.4	25th Percentile 120.0 117.0 115.0	(in The Median 176.5 165.0 150.0	75th Percentile 250.0 235.5 200.0
Net Income, After Expensions, 1995  Region Detroit/Ann Arbor Lower Peninsula-Urban* Lower Peninsula-Rural Upper Peninsula  Location Urban	No. of Responses 454 389 162 N/A**	Mean 199.1 193.0 163.9	Standard Error 116.0 114.4 99.4	25th Percentile 120.0 117.0 115.0	(in The Median 176.5 165.0 150.0 170.0 150.0	75th Percentile 250.0 235.5 200.0

Specialist

Michigan

724

213.0 116.4 140.0 193.8 260.0

1,122 189.8 111.1 120.0 160.0 230.0

<sup>\*</sup>Non-Detroit/Ann Arbor

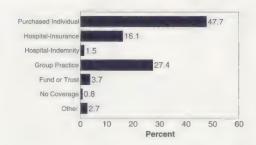
<sup>\*\*</sup>Insufficient data to report this region



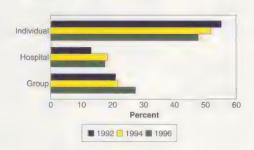
#### Liability

Although the number decreased slightly, nearly half of physicians still purchased their liability coverage themselves. The proportion whose liability premiums were paid for by a hospital or group practice increased steadily. The most common liability coverage was \$200,000/\$600,000. Sixty percent of physicians have had a liability suit brought against them, a figure that has remained steady since 1992.

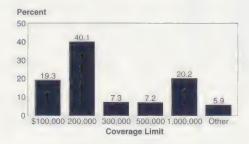
#### Source of Liability Coverage



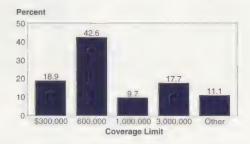
#### Source of Liability Coverage



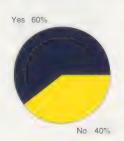
#### **Liability Per Case Limits**



#### **Liability Annual Limits**



#### **Ever Had a Liability Suit Brought**





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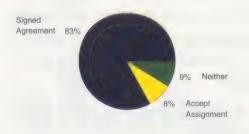




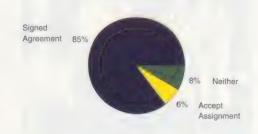
#### **Third Party Payers**

Eight out of ten physicians participated with Blue Cross Blue Shield of Michigan and with Medicare. One third of physicians said that their reimbursement has decreased under Medicare's Resource Based Relative Value Scale. Most physicians will accept new Medicare patients and intended to sign the 1997 participation agreement. The number of physicians accepting Medicaid patients without limits increased from 46 percent in 1994 to 58 percent in 1996. For those that did not accept Medicaid patients or limit the number, reimbursement and other payment issues were the most common reasons for doing so. Three-quarters of physicians accepted Workers Compensation patients. Eight out of ten physicians contracted with managed care plans; of those that do so, HMO and PPO contracts were the most common. Physicians were more likely to contract with managed care plans as part of a group practice or PO/PHO than in 1994. The majority of physicians had neither been deselected or excluded from managed care plans. Of those that had not yet contracted with a managed care plan, 32 percent were planning to do so in the coming year. Three-quarters of physicians were subject to preauthorization programs, and half complied with medical necessity review. Only a third of physicians said they have never been prevented from providing a noncovered treatment. Nearly six out of ten physicians had been denied payment retrospectively. Over half of physicians said that reimbursement policy had an impact on their medical judgment.

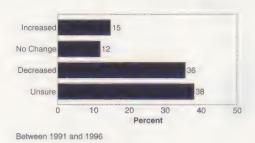
#### 1996 Blue Cross Participation



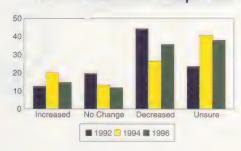
#### 1996 Medicare Participation



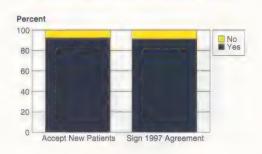
#### Reimbursement Under RBRVS



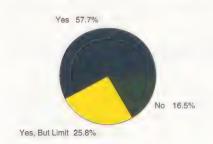
#### Comparison of RBRVS Reimbursement Response



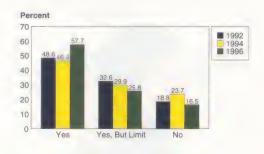
#### **Future Medicare Participation**



#### **Accept Medicaid Patients**



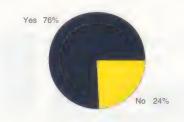
#### **Accept Medicaid Patients**



#### Reasons for Limiting/Not Seeing **Medicaid Patients**

Reimbursement	65%
Other payment issues	59%
Delays/denials of payment	53%
Liability issues	51%
Patients too high risk	48%
Fiscal audit experience	20%

#### **Accept Workers Compensation Patients**



#### **Reasons for Not Seeing Workers Compensation Patients**

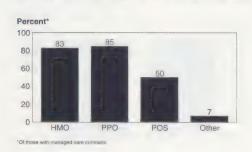
Other payment issues	54%
Reimbursement	50%
Delays/denials of patient eligibility	49%
Fiscal audit experience	17%



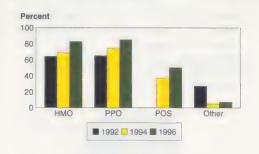
**Physicians with Managed Care** Contracts



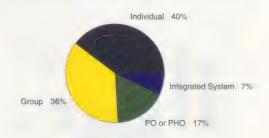
**Types of Managed Care Contracts** 



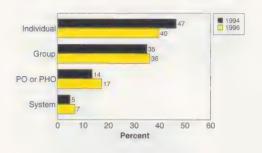
**Types of Managed Care Contracts** 



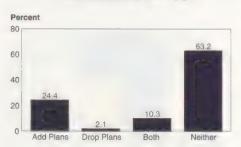
Contracted with the Plan as...



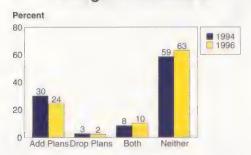
**Change in Contracting Method** 



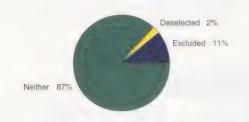
#### Plan to Change Managed Care Affiliations in 1997



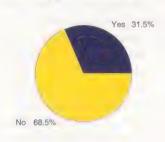
#### **Change in Affiliations**



#### Physicians Deselected or Excluded by Managed Care Plans



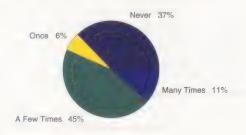
#### Considering Signing with First Managed Care Plan



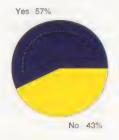
## Physicians Subject to Utilization Review

Second surgical opinion	42%
Preauthorization	78%
Medical necessity review	56%
Laboratory service review	20%
Concurrent review	28%

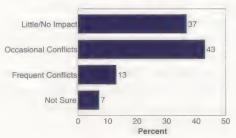
#### Prevented from Providing Noncovered Treatment



#### Been Denied Payment Retrospectively



#### Impact of Reimbursement Policy on Medical Judgment



## Addressing '93 liability reforms

Observers beginning to see positive effects

#### By Karen Bouffard

xperts agree it's too early to tell if Michigan's 1993 liability legislation will fulfill its prom-■ ises to reduce malbractice insurance rates, and to lower Michigan health care costs. Many prereform malpractice cases, filed just before the legislation became law in April 1994, are still winding their way through the courts. In the meantime, as expected, most of the legislation's major provisions are being constitutionally challenged.

While the jury's still out on whether the new law will significantly impact health care economics in Michigan, some observers say they've already begun to see positive effects.

#### Michigan's reforms among toughest

Provided the Michigan Supreme Court rules favorably on challenges to the constitutionality of the legislation's major provisions, experts say the new law has the "teeth" required to bring about real liability reform in Michigan. Despite constitutional challenges, Michigan's 1993 liability legislation is considered among the best in the country, according to MSMS legal counsel Richard D. Weber, of Kerr, Russell and Weber, P.L.C.

"The constitutional challenges are not a reflection of weakness in the law. We anticipated that all provisions would be contested by the Michigan Trial Lawyers Association, and that is what is happening.

"MSMS is participating, by way of filing amicus curiae briefs, in all appellate cases contesting the constitutionality of the legislation," said Mr. Weber.

According to Mr. Weber, the 1993 legislation was passed in response to ongoing malpractice crises that drove many physicians away from high-liability specialties, such as obstetrics, orthopedics, neurology, surgery and cardiology. Many communities and hospitals found it difficult to recruit and retain physicians. Health care costs skyrocketed as physicians and health care institutions struggled to keep pace with malpractice insurance rates among the highest in the nation.

Legislation enacted in 1986 attempted reform, but was too weak to bring about significant results. Among provisions, the law placed a cap on non-economic medical

malpractice damages, and imposed standards for expert witnesses. It also required plaintiffs in malpractice cases to file a \$2,000 cost bond, or an affidavit with the court stating that a licensed health care professional had found the case

While the law placed a cap on non-economic damages, it created so many exceptions that by 1993 the cap had not been imposed in any reported case. The law's expert witness rules were emasculated by the lack of objective tests or standards by which to determine expert witness qualifications. While the 1986 law required plaintiffs to file an Affidavit of Merit, an affidavit could be signed by an attorney rather than a physician – and the underlying medical opinion was confidential and not discoverable.

#### Closing loopholes, establishing caps

Among many reforms, the 1993 legislation closed loopholes in provisions dealing with expert witness qualifications, the non-economic damage cap and the affidavit of merit. It also imposed a pre-suit notice requirement.

The 1993 legislation established a cap on non-economic damages of \$280,000, unless one of three exceptions applies, in which case the limit increases to \$500,000. Exceptions in the new law focus on severity of the injury: permanent paralysis from brain or spinal cord damage; permanently impaired cognitive capacity; or permanent loss of a reproductive organ resulting in the inability to procreate. The noneconomic damage cap is applied by the judge, and the jury is not informed of the cap. The cap applies on a per incident basis, rather than to each individual defendant in a multiple defendant case.

The new law also requires a much more objective test for expert witness qualifications. If the defendant is a specialist, the expert must have specialized at the time of the occurrence in the same specialty. If the defendant is boardcertified, the expert witness also must be boardcertified in the same specialty. In addition, the expert must have devoted more than 50 percent of his or her professional time during the year immediately preceding the occurrence to clinical practice or instruction at an accredited health professional school.

Plaintiffs now must provide a qualified expert up front and have filed an affidavit of merit signed by a health professional meeting expert witness qualifications.

According to Sheila Wright, regional communications manager for Blue Cross/Blue Shield in mid-Michigan, some relief has already resulted from the expert witness rules, as well as from another provision: the 182-day presuit notice.

The notice gives "time to do fact finding, or to negotiate before we go to court," says Ms. Wright, and has reduced the number of new malpractice cases.

The notice requires a plaintiff to mail to all defendants, 182 days in advance of legal action, a statement of the factual basis for the claim, the applicable standard of practice alleged by the claimant, the manner in which it was breached, the alleged action that should have been taken to comply with the standard, the manner in which the breach was the proximate cause, and the names of all health professionals and facilities the claimant is notifying.

Forecasting the effects

Like Ms. Wright, Mr. Weber believes Michigan is already "seeing a reduction in malpractice lawsuits, and in the size of verdicts, as a direct result of the malpractice reform legislation." However, he adds, insurance companies won't substantially reduce premiums until appellate courts uphold the statutes.

Thomas R. McAskin, director of legal affairs for William Beaumont Hospital in Royal Oak, who believes the reforms have helped in some cases, forecasts "a wish" that tort reform will be upheld.

"I'd be happy to stay with the tort reforms we have so far - obtain constitutional approvals for what we have, and give it time for us to look back at what's been done, to see how it's doing. And we do need additional time because it is in a state of flux."

Tom Dickinson, vice president of marketing and business development for the Michigan Hospital Association Insurance Company, which provides malpractice insurance to 45 percent of the state's hospitals and 7.5 percent of the Michigan physician market, believes it's too early to tell what the reform's effects will be because of the major increase in filings that occurred just before the new laws took effect.

"Many of the '94 cases will be around for another year or two," he says. "Are the reforms working? It's too early to tell.

"We have to look to what's going on nationally. Nationally, tort reform measures are being turned away. In Michigan we're just coming out of the circuit courts and the rulings are mixed."

Adds Michigan Hospital Association Communications Director Patrick Foley, "Medical liability cases take three, four or five years to resolve. There's such a long tail on these cases that I don't think you're going to find that the rates are substantially lower for hospitals or doctors, and costs haven't come down either.

**Experts say** the new law has the "teeth" required to bring about real liability reform in Michigan.

"I think we're currently seeing a reduction in malpractice lawsuits, and in the size of verdicts." Richard D. Weber, MSMS legal counsel

"It's not that the reforms are flawed. It's just that we're now at the very beginning of the cases that were filed after the law took effect. Lawvers were lined up out the door of the City-County Building to file cases before the deadlines," said Mr. Folev.

#### MSMS cases

According to Mr. Weber, MSMS has had some favorable decisions from the Court of Appeals that apply to the 1986 law, and he forecasts a favorable result from challenges to the 1993 legislation. Current cases involve expert witness qualifications, the non-economic damage cap and the affidavit of merit under the 1986 malpractice reform legislation.

Also in the courts are eight cases involving the constitutionality of the pre-suit notice requirement under the 1993 malpractice reform legislation. In addition, Mr. Weber's firm has identified 13 pre-suit notification cases pending before the Court of Appeals. Rather than file amicus briefs in each of these cases, a motion has been made to consolidate them so that a single ruling can be made.

"I am confident that the Supreme Court will give deference to the legislation which was enacted as a result of vigorous debate on all sides by the direct representatives of the people," says Mr. Weber. "On the other hand, there is no Michigan Supreme Court precedent on the constitutionality of tort reform under the Michigan Constitution. The composition of the Michigan Supreme Court will likely result in a close decision, perhaps four to three."

Mr. Weber adds, "In all appellate cases contesting the constitutionality of the legislation by way of amicus curiae briefs, it is essential that all MSMS positions be fully and clearly articulated to the Appellate Court Judges."

The author is a Williamston-based freelance writer.

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### Reforms should reduce health care costs.

Advocates assert 1993 tort reform legislation is not to be second-guessed

By Joanne Geha Swanson

From the legislative arena to the appellate courts of this state, Michigan State Medical Society continues to advocate on behalf of its members for medical malpractice reform. Its current judicial focus is to sustain the constitutionality of a statutory provision which requires a claimant to give 182 days' notice of his or her intent to sue prior to filing a malpractice action against a health care provider.

Within 154 days of receiving notice, the health care provider is required to respond to the notice by providing detailed information regarding the factual basis for the defense. If the health care provider does not respond, the claimant may commence suit immediately. Claimants also may commence action at any time during the notice period if the health professional informs that individual in writing that he or she does not intend to settle the claim.

#### **Early reform efforts**

Enactment of the notice statute and related reforms is part of MSMS' continuing effort to achieve parity in litigation. MSMS' drive to bring about reform began in the early 1980s in the midst of a malpractice environment which one reform proponent described as "a crisis inside a disaster wrapped up in a catastrophe."

During this climate MSMS first called upon the legislature to address the need for broad-based malpractice reform. The first round of re-

form legislation, enacted in 1986, was largely the result of a less than satisfactory compromise with opposing interests. However, it included some significant provisions, including a shortened statute of limitations for minor claimants and a requirement that a plaintiff obtain an affidavit from a licensed physician attesting to the merits of the medical malpractice claim. Reform opponents subsequently challenged the constitutionality of the 1986 limitations provision in Bissell v Kommareddi, considered by many to be the test case for the constitutionality of tort reform in this state.

MSMS joined Doctor Kommareddi before the Court of Appeals as an *amicus curiae*, or a Friend of the Court. MSMS submitted an amicus curiae brief which provided the Court state archived information regarding conclusions reached by subcommittees studying tort reform. The brief also identified a survey of the legislative and judicial treatment of similar statutes in other states.

In an important victory for reform proponents, the 1986 limitations statute was sustained as a constitutional exercise of legislative authority. The Court of Appeals recognized the state's unquestionably legitimate interest in securing adequate and affordable health care for its residents. The Court also agreed that lessening exposure to malpractice claims would encourage health care providers to remain in this state.

Although the plaintiff sought a reversal of the decision in the Michigan Supreme Court, the higher court refused to consider the issue.

#### The second wave

The statute presently before the Court of Appeals is part of the second wave of reform legislation. Proposed, drafted and advocated by MSMS, it was enacted by the Michigan legislature, with Governor Engler's support, in 1993.

The collective aim of the notice requirement and its companion provisions is to provide the parties with an opportunity to exchange information, undertake an investigation, and assess the strengths and weaknesses of their relative positions so that meaningful settlement negotiations can be conducted prior to the commencement of litigation. The objective is to promote resolution without the expense of formal litigation. Ideally, this would assist in alleviating the medical malpractice crisis and thereby increase the availability - and decrease the cost of health care. The notice period also evens the playing field by allowing health care providers to engage in the same type of pre-filing investigation, preparation and analysis that was previously only available to plaintiffs.

## Opposition to 1993 legislation

Members of the Michigan Trial Lawyers Association vehemently

#### SOCIETY NEWS

oppose the notice provision. They argue that the statute violates guarantees in the federal and state constitutions that all citizens shall enjoy equal protection of the laws and that no one shall be deprived of a property right without due process of law. The notice provision violates these guarantees, opponents charge, because it treats medical malpractice plaintiffs differently from other tort plaintiffs and denies them immediate access to the courts. In many cases, plaintiffs have argued that the required waiting period has prevented them from filing a claim prior to the effective date of changes in the law they deem unfavorable to their cause of action (such as caps on non-economic damages and more restrictive expert witness requirements).

Opponents argue that the statute cannot pass the heightened test of strict scrutiny or even the lesser rational relationship test because the notice provision will not achieve its stated objective. Challengers also assert that in enacting the provision, the Legislature has unconstitutionally encroached upon the Michigan Supreme Court's rule-making authority over practice and procedure in the courts of this state. They also assert that the statute unconstitutionally delegates to health care providers the power to determine when a claimant may access the court because the health care provider's response to a suit allows immediate commencement of litigation.

Proponents' rebuttal

Proponents, including MSMS, have addressed and rebutted each argument, asserting that it was rational for the legislature to believe encouraging the settlement of malpractice claims during the notice period could reduce health care costs. They also contend it is not for the Court to second guess the legis-

This challenge is presently before the Michigan Court of Appeals in Griffith v. O'Day and numerous other cases. It likely will be at least a year before a decision is rendered. MSMS has been authorized by its 23-member Board of Directors to intervene as amicus in these cases. The outcome of this issue will undoubtedly affect the sustainability of other parts of the reform package, including a third round of reforms which took effect last March.

The author is a partner in Kerr, Russell and Weber, P.L.C.

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#### LETTERS TO THE EDITOR

continued from page 4

such overshadowing of issues of substance by name-calling serves neither of our professions well.

Sincerely,
Victoria A. Roberts
President, State Bar of Michigan

#### Doctor McCabe responds to the State Bar of Michigan

I suppose most junk science faux pas are corrected in time, but at what a price. Reputable companies are bankrupted, important products and drugs become unavailable.

Ms. Roberts' response to a matter of genuine concern to the scientific community suggests that, just as war is too important to be left to generals, justice may be too important to be left to lawyers.

Peter McCabe, MD
President, Michigan State Med

President, Michigan State Medical Society



## Former boxer treats athletes

Fazlolah Nickhah, MD, serves as Olympic physician

By Cathy L. DeShano

Then Fazlolah Nickhah, MD, participated in the 1952 Helsinki Olympics, he vowed not to let nervousness overcome him. "It was the surest way to defeat," he says.

Though a cut above the eye prevented him from earning a medal, nothing has prevented the former Iranian national boxing champion from returning to the Olympics. Since 1968, Doctor Nickhah has attended the Olympics as a medical officer.

A Tehran University Medical School graduate, Doctor Nickhah experienced medical school rigors unlike many of his counterparts. Up at 5 each morning, "Fazi" (as his family and friends referred to him) ran five miles each morning to train for boxing, showered and darted off to a full day of classes. He studied his

medical texts and ducked punches in the gym during the evening.

Along with his Olympic moment, Doctor Nickhah remembers his victory to become the national boxing champion at age 15 as one of his highlights.

"When I was waiting to fight, I could hear the crowd jeering because my teammate was not doing well. I couldn't even hear when it was my turn to go

in," says Doctor Nickhah. "I told myself I was going to win with determination. My German opponent was a southpaw. The whole stadium was cheering when I won. Afterwards, the Shah congratulated me."

Following his boxing career, Doctor Nickhah maintained his love for sports and exercise. Though he moved to the United States in 1956 to take a residency in Florida, Doctor Nickhah kept ties with his native country by serving as

its Olympic wrestling team physician during the 1968, '72 and '76 Olympics. After the Ayatollah Khomeini came to power, Doctor Nickhah turned in his spot as the Iranian wrestling team physician

to become the official US wrestling team physician.

While a team physician, Doctor Nickhah has seen his share of cuts, bruises and other injuries. During the 1993 world wrestling championships in Toronto, he recalls "walking through the gymnasium when a man walked up to me and said, 'you saved my ear.'" Doctor Nickhah had treated the man, Argentina's 1969 wrestling champion, for hanistoma, a condition which can develop into "cauliflower ear" if ignored.

For 30 years, he has served both athletes and the public as a general surgeon. While he has spent the last three years as medical director of Concentra Occupational Health Centers in Allen Park to allow him a more structured workday, the 66-year-old physician doesn't expect to slow down any time soon.

He is currently working on a book which addresses wrestling injuries and how to prevent them. As one of three founders of the Midwest chapter of the American College of Sports Medicine, Doctor Nickhah continues to play an active role in the organization. He maintains his competitive drive by running—over past years, he has raced in the Ann Arbor-Dexter run, the Boston marathon and participated in triathlons—and bicycling.

He also will continue serving Olympians as the meritorious functionary member of the medical commission of the International Wrestling Association, an experience which he says has been "very valuable and emotional. I became a doctor to help people. It is wonderful to help athletes who, years later, remember you for having done so."



Fifteen-year-old Fazlolah Nickhah receiving his gold medal from the Shah of Iran.

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## Cheryl K. Farmer, MD

Treating the Ypsilanti political community

#### By Jean K. Capriotti

I magine managing a career, taking time for family, friends, hobbies, meetings and everything else that needs to be done in a day and adding a part time job to the mix. Overwhelmed? Cheryl C. Farmer, MD, an Ypsilanti internist, has been doing all of the above for the past two years. Her part time job is serving as the mayor of Ypsilanti. She has two more years left in her term.

#### Becoming involved in the community

She first became involved in city government simply by acting as an observer of city council meetings. "A community leader had questioned where all of the physicians were in their community politics. He asked me if I thought I was the only one who was busy. I started to think maybe he was right," she said.

Attending city council meetings was the homework for what I was going to be doing later, she stated. When the city council made plans to rewrite the city charter, she ran for, and was elected to, the charter commission.

For over a year and a half, Doctor Farmer and eight other members of the charter commission took part in public hearings and research to combine what she calls the best of the old and the new bylaws to make Ypsilanti stronger. Doctor Farmer became even more involved with city government after the charter was passed.

"The mayor at the time opposed any changes and wanted to defeat the charter. Once it was passed, the mayor made no move to implement the new changes despite the deadlines that were written into the charter specifying when adjustments needed to go into effect," Doctor Farmer said.

#### A push to office

The ethics board convened to discuss the mayor's inaction, a process in which Doctor

Farmer became involved. "People began coming to me as a person who was a big part of the charter process. They were encouraging me to run for mayor because of this plus it was getting close to the end of the term for the old mayor," she said.

Despite encouragement from her friends and other members of the community to run for mayor, Doctor Farmer repeatedly turned down the idea, remarking there

were many other people with whom she was impressed and whom she felt would be good candidates. "I would tell them that I already have a full life with everything else I do and that I didn't need one more thing to do," she said.

However, after continued persistence and careful thought, Doctor Farmer used her experiences to run for mayor. "I believe that politics at this level should be non-partisan. I lost that vote when the charter was being rewritten but I ran on the Independent ticket," she said.

#### Utilizing medical skills as mayor

Doctor Farmer claims that many of the valuable skills she possesses as an internist have been helpful to her as a mayor. "In order to move the city ahead, I have to assess the problems and use problem solving techniques. The community is like the patient: I have to have an understanding of its history and spend time to understand its "disease" before I can treat it," she said.

In addition to this, she is often in a position as the mayor to tell people things that they don't want to hear. "No matter how difficult this is, it is never as hard as telling someone that they have a terminal disease," Doctor Farmer said.

#### **Prioritizing responsibilities**

In spite of the demands placed on her as the

mayor, Doctor Farmer has not cut back on the amount of time she puts into her medical practice. Most of her mayoral responsibilities are in the evenings and weekends and a couple of afternoons a week. The city manager relieves some of the burden of the job as that position entails more responsibilities than it had in the past. "I have to know far enough in

advance to take a day off from my practice," she said. "People are very understanding about this and are glad that I am mayor."

Being a physician is definitely her top priority. She chose to go into medicine for a personal reason. "I had a friend who died from poor medical attention. I try to be the doctor she should have had," Doctor Farmer said.

With both days and nights full, Doctor Farmer has had to make some changes in her



Mayor Cheryl Farmer in St. Patrick's Day Parade.

life, among them hiring people to help her maintain her 1855 historic home. She also is unable to travel as much as she used to so people now have to come to Ypsilanti to see her.

Doctor Farmer encourages physicians to become involved with politics in their communities. Doctors are good listeners and they have other skills they could bring into the political

community, she says.

While Doctor Farmer finds her job as mayor fascinating, she does feel the effects of the added work in her life. "Sometimes I get very tired and think 'Why did I do this?' When I get positive feedback from the community and people want to give me credit for things that have been done, it is really worth it," she said.

The author is an MSMS staff writer.

"Doctors...
have skills
they could
bring into the
political
community"

Cheryl C.

Farmer, MD



#### Michigan State Medical Society

## 1997 Maternal, Perinatal, and Child Health Retreat

Thursday, May 29 and Friday, May 30, 1997

Every year the MSMS Committee on Maternal and Perinatal Health holds a small conference and retreat on selected maternal, perinatal and child health issues. This year's retreat titled, "It's Time to Shape the Change" will focus on women and their newborns as they function within managed care and a capitated system. Several prominent physicians, lawmakers and state health administrators will join neonatalogists, pediatricians and other interested physicians on Thursday, May 29 and Friday, May 30 at Yarrow Conference and Retreat Center in Augusta, Michigan. Registration for the two day CME Category I credited event is \$110 for MSMS members and \$130 for non-members. Please send registration information, including number of attendees, address, phone and fax, along with checks made payable to Michigan State Medical Society, c/o: Bryce W.A. Docherty, 120 W. Saginaw, East Lansing, MI 48823.

Overnight accomodations (\$99 - \$140 per night) can be made by contacting Yarrow Conference and Retreat Center at 800-563-4397.

Joseph C. Cerny, MD received the Champion of Hope Award from the National Kidney Foundation of Michigan (NKFM) for his work in health care. The Detroit urologist is the chair emeritus of Henry Ford Hospital's urology department as well as a clinical professor of urology at the University of Michigan. He has served on the National Kidney Foundation (NKF) and the NKFM for over 20 years and is past NKFM board of trustees president. He is a member of the AMA and MSMS.

William Heise, MD, and Stephen Smith, MD, received the 1996 Joseph L. Ponka Caring Physician Award from Henry Ford Health System. Doctor Heise, a Dearborn internist, received the award for his commitment to patient care. He is a member of the American College of Physicians, the AMA and MSMS.

Doctor Smith was chosen for his work in cardiology. He serves as associate director of the Cardiac Intensive Care Unit at Henry Ford Hospital and is a member of MSMS.

Walter M. Whitehouse, Jr, MD, has been appointed head of the surgery department at St. Joseph Mercy Hospital (SJMH) - Ann Arbor. He also will serve as section head for general surgery. Doctor Whitehouse is a member of the International Society for Cardiovascular Surgeons, the Society for Vascular Surgery and the American College of Surgeons and MSMS.

Daniel B. Hinshaw, MD, has been named chief of staff of the Department of Veterans Affairs Medical Center (VAMC) in Ann Arbor after serving as the chief of surgery. He is also an associate professor in General Surgery in the Department of Surgery at the University of Michigan Medical School. He is a member of MSMS.

Noel Lawson, MD, St. John's hospital laboratory director, was one of three recipients of the Irene Waldmann, Sisters of St. Joseph Leadership Award. Doctor Lawson, an anatomic/clinical pathologist, is a member of the American Society of Clinical Pathologists, the Michigan Society of Pathologists and MSMS.

Reginald F. Baugh, MD, has been appointed to the Quality of



Care Group which provides oversight of Medicaid and Medicare programs. While an associate medical director for

Henry Ford Health System's Detroit Region, Doctor Baugh also will now participate in a 20-member group convened by the National Academy for State Health Policy to design a unified quality improvement system for use by the Health Care Financing Administration (HCFA) in managed care programs participating in Medicaid and Medicare. He is a member of the American Academy of Otolaryngology, the American College of Physician Executives, the National Medical Association and the American Medical Association.

Karen S. Ogle, MD, and Howard Brody, MD, wrote an article appear-



gland Journal of Medicine titled "Withdrawing Life-Sustaining Treatment- Recommendations for Compassionate Clinical Management." Because the two doctors believe many doctors aren't trained to prepare termi-

ing in the Febru-

ary 27 New En-



nally ill patients for death, the article discusses humane ways in which physicians may withdraw treatment and address patients' psychological needs. The article, also written by Margaret L. Campbell, RN, and Kathy-Faber-Langendoen, MD, encourages the public to become aware of technology available to dying individuals. Doctor Ogle, a professor with Michigan State University's Department of Family Practice, currently serves on the Michigan Hospice Organization board of directors. Doctor Brody, director of MSU's Center for Ethics and Humanities in the Life Sciences, is chair of the MSMS committee on bioethics.



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#### **Obituaries**

Lansing orthopedic surgeon Thomas C. Baker, MD, died December 9, 1996. He was 73. Doctor Baker was a Northwestern University Medical School graduate. He was a member of the American Association of Orthopedic Surgeons, the American Medical Association and MSMS.

Joseph F. Beer, MD, died July 3, 1996. He was 83. Doctor Beer, a Wayne University College of Medicine graduate, was a St. Clair general practitioner. He served with the American Red Cross "Operation Mercy," as an assistant Medical Officer for the United States Public Health Service and in the United States Air Force Medical Corps. He was a former member of the MSMS public relations committee, a member of the St. Clair County Medical Society, the American Medical Association, the International College of Surgeons, the Industrial Medical Association, the World Medical Association and the American Academy of General Practice.

Long-time Kalamazoo ob/gyn John M. DeVries, MD, died November 17, 1996. He was 68. The University of Michigan Medical School graduate was actively involved in his community and was a member of the Kalamazoo Gospel Mission with the Second Reformed Church. He served in the United States Air Force Medical Corps before becoming affiliated with Bronson Methodist Hospital in Kalamazoo. He was a member of the Kalamazoo Academy of Medicine and MSMS.

One of pediatric radiology's pioneers, John F. Holt, MD, died July 22, 1996. He was 81. Doctor Holt, a University of Pittsburgh graduate, toyed with the idea a professional music career before beginning a lifelong career at the University of Michigan. While there, he developed an interest in neurofibromatosis in children, having published papers on the subject in several journals, among them the Journal of the American Medical Association. In 1986, he was awarded an honorary plaque by the National Neurofibromatosis Foundation for his invaluable contributions. He was instrumental in planning C.S. Mott Children's Hospital and was a founding member of the Society for Pediatric Radiology and the Association of University Radiologists. He co-authored the textbook "Radiology for Medical Students" and served as editor for the yearbook of Diagnostic Radiology. In 1994, he received the Hench Award as an outstanding alumnus of the University of Pittsburgh School of Medicine and two years later received the University of Michigan Medical Center Alumni Society's Distinguished Service Award.

A former Air Force major, William R. Kavanaugh, MD, died November 21. He was 86. After graduating from Hahnemann Medical College, Doctor Kavanaugh opened a family practice in Kalamazoo in 1937, serving the area until his death. He was the senior medical examiner for the Federal Aviation Administration for the Southwestern Michigan District and, since 1945, had been the team physician for Portage Central High School. He was a member of the Kalamazoo Academy of Medicine, the American Medical Association and MSMS.

William T. Rice, MD, a Saginaw general surgeon, died November 17, 1996. He was 71. Doctor Rice was a graduate of Medical College of South Carolina. He was a member of the Saginaw County Medical Society, the Saginaw Surgical Society, the Academy of Surgery of Detroit, the Midwest Surgical Association, the American College of Surgeons, the American Medical Association and MSMS.

Ruth C. Snyder, MD, an Okemos ophthalmologist, died October 18, 1996. She was 87. Doctor Snyder attended Women's Medical College of Pennsylvania. She was a member of the Michigan Ophthalmological Society and MSMS.

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#### **Disciplinary Actions**

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Perry Reese, MD, 3480 Thamesford Dr Action, Date Taken: License Suspended - minimum 1 day, 3-5-97

Reason: Failure to Report/Comply Sister State Disciplinary Action

Name: Richard A. Jankowiak, MD, 35100 Tiffany, No. 102, Sterling Heights, MI 48312

Action, Date Taken: License Suspended - 6 mo. & 1 day, Summary Suspension Dissolved, 3-5-97

Reason: Criminal Conviction - Alcohol Related

Name: Mark S. Leslie, MD, 701 Third St., Traverse City, MI 49684

Action, Date Taken: Reclassified w/Unlimited License, 2-3-97

Reason: None stated

Name: Wilbur C. Vanderyacht, MD, LTC MC, CMR 427 Box 353, APO AE 09630

Action, Date Taken: License Suspended - 6 mo. & 1 day, 3-5-97

Reason: Negligence/Incompetence

Name: Nasir Iqbal, MD, a/k/a Iqbal Nasir, 3060060 Bristol Lane, Bingham Farms, MI 48025

Action, Date Taken: License Revoked, Fine - \$10,000, 3-1-97

Reason: Failure to Report/Comply Sister State Disciplinary Action

Name: Salah Eldin Abdelsal Gouda, MD, 2119 15 Mile Rd., Sterling Heights, MI 48310

Action, Date Taken: License Summarily Suspended, 2-4-97

Reason: Drug Related

Name: Gary L. Badzinski, DO, 1060 Orchard Ave., Ste. E, Grand Junction, CO 81501

Action, Date Taken: Limited License, Fine - \$1,000, 2-6-97

Reason: Failure to Report/Comply Sister State Disciplinary Action

Name: Michael S. Weisenfeld, MD, 6018 Wynford Dr., West Bloomfield, MI 48322

Action, Date Taken: Controlled Substance & Drug Control Licenses Suspended - 6 mo. & 1 day, Fine - \$500.00, 2-12-97

Reason: Drug Related

Name: Robert A. Harvey, MD, 490 Post St. #430, San Francisco, CA 94102

Action, Date Taken: Fine - \$500.00, 2-19-97 Reason: Sister State Disciplinary Action

Name: Gregory D. Haynes, MD, 15101 Southfield, Ste. 107, Allen Park, MI 48101

Action, Date Taken: Reprimand, Probation - 1 yr. Reason: Negligence/Incompetence

Name: Dana L. Sibilsky, MD, 317 Union, Milford, MI 48381

Action, Date Taken: License Limited - 2 yrs., Probation - 2 yrs.

Reason: Mental/Physical Inability to Practice

Name: Edward S. Jeffries, MD, 19505 E. Eight Mile, St. Clair Shores, MI 48080

Action, Date Taken: License Suspended - 30 days, Upon reinstatement, License Limited - 1 yr., Probation - 2 yrs., Fine - \$2,500.00

Reason: Violation of General Duty/Negligence



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#### EDUCATIONAL OPPORTUNITIES

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13, 20 Bar-Levav Educational Association Ongoing Seminar Series "Outward Physiologic Expressions of Character: Sharpening Our Awareness of How the Body "Speaks." Contact: Lester Potempa, DO, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075 (810) 353-5333. Approved for: 4 Category 1 credits. No registration fee.

27, June 3 Bar-Levav Educational Association Ongoing Seminar Series "New Goals in Psychotherapy: Developing the Ability to Think Clearly." Contact: Lester Potempa, DO, Bar-Levav Educational Association, 3000 Town Center, Suite 1275, Southfield, MI 48075 (810)353-5333. Approved for: 4 Category 1 credits. No registration fee.

#### June

1-4, Advanced Interpretations with the Experts. Location: Hyatt Islandia, San Diego, CA. Contact: American College of Cardiology, Attn: EP, PO Box 79231, Baltimore, MD, 21279-0231, Phone 1-800-253-4636. Approved for: 22.5 Category 1 credits. Registration fee: ACC-member: \$580; Non-member: \$675 by May 16. Registration after May 16 is on-site only and \$50 higher.

2-3, "Managed Care: Trends and Practices." Location: Hyatt Regency Hotel, Irvine/Newport

Beach, CA. Contact: Marilyn Haese or Brenna Harrington at 310-284-3119. Approved for: Credits available upon completion of courses. Registration fee: \$750/day.

2-5, "Medical Office Management." Location: Hyatt Regency Hotel, Irvine/Newport Beach, CA. Contact: Marilyn Haese or Brenna Harrington at 310-284-3119. Approved for: Credits available upon completion of courses. Registration fee: \$3,000.

4-6, 4th Annual Emergency Radiology Conference. Location: Dearborn Inn, Dearborn. Contact: Ms. Andrea Lubienski, Division of Continuing Medical Education, Wayne State University School of Medicine, 4201 St. Antoine, 4-H UHC, Detroit, MI 48201. Approved for: 17.5 Category 1 credit. Registration fee: \$350 full course; per day rates also available.

6-7, Practical Managed Care for Physicians. Location: Hyatt Regency Hotel, Irvine/Newport Beach, CA. Contact: Marilyn Haese or Brenna Harrington at 310-284-3119. Approved for: Credits available upon completion of courses. Registration fee: \$750/day.

July

11-13, Managing Respiratory Diseases. Location: Harbor View Resort, Martha's Vineyard, MA. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 W Canal Court, Ste 500, Littleton, CO 80120-4569; Phone: 800-421-3756. Approved for: 11 Category 1 credits. Registration fee: \$375.

25-26, 77th Annual Coller Penberthy Thirlby Medical Conference. Location: Park Place Hotel, Traverse City. Contact: Paula Parshall, Continuing Medical Education, Munson Medical Center, 1105 Sixth St., Traverse City, MI 49684-2386, 616-935-6546. Approved for: 9-12 Category 1 credits.

29-31, 3<sup>rd</sup> Annual Mayo Multidisciplinary Symposium on Platelets, Blood Vessels, Biomaterials and Transfusion. Location: Mayo Clinic, Rochester, MN. Contact: Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 1<sup>st</sup> St SW, Rochester, MN 55905; Phone: 800-323-2688.

31-August 3, Internal Medicine Update. Location: Grand Hotel, Mackinac Island, MI. Contact: Registrar Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, PO Box 1157, Ann Arbor, MI 48106-1157. Approved for: 12 Category 1 credits.

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MSMS will publish its 1997 Roster of Members in August. This directory will update the last version of the roster, which was published in January 1995.

It will feature an alphabetical list of members with addresses, telephone and fax numbers, and email addresses (unless requested otherwise), as well as specialties and counties of residence.

In addition, the roster will include a separate directory of women physician members, as well as a reference section.

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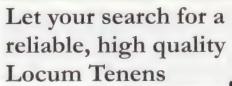
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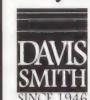
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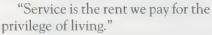
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## Volunteering makes a difference

Doctors' contributions can help communities

By Peter A. Duhamel, MD



That quote is from Stephen Covey, author of the hugely popular book "The Seven Habits of Highly Effective People." He also states, "More important than being successful is being significant. Significance means making a contribution to others." Significance means making a difference.

The theme of my presidency for the coming year will be service. I will be urging physicians to help make a difference by going beyond their professional service and committing to a community service; service to the community in which we live and earn a living; the community where our kids go to school; where we go shopping; where we attend church; and most important of all, where our patients live.

Among Stephen Covey's "Seven Habits of Highly Effective People," his second habit is: "Begin with the end in mind." For volunteering, that means, "See yourself as serving worthy purposes." Again, it is making a difference.

Making a difference through community service can take many forms, depending on one's talents and inclinations. Your church, your children's school, local service clubs or maybe your local chamber of commerce.

#### **Grassroots** politics

The aspect of community service nearest and dearest to my heart is involvement in the grass roots political scene. I've preached this many times before, but I'll say it again. Your state medical society has had major accomplishments in the Michigan Legislature in the past few years. Two sweeping tort reform bills. The Michigan Patient Bill of Rights. Significant victories on public health issues. Defeat of scope of practice bills that threaten our patients' health. Much of this success is due to your hard- working MSMS staff and lobbyists. But the success really came from physicians who have taken the time from their busy practices to testify, lobby, write, telephone and personally contact key

The very best way to make initial contact with a legislator is in your community. Call up your legislator and invite him or her to lunch in the doctors' dining room at your hospital. Believe me, they'll be there. At election time you can host a fundraiser or volunteer in the campaign activities. If you have been helpful in assisting a candidate win, you will be a friend for life. You will always have access to that legislator to ask for support of the MSMS position on any bill under consideration.

Recently in Philadelphia, the first Presidents' Summit for America's Future was held, a summit that fulfilled the dream of former Michigan governor, the late George Romney. Stephen Covey was there with President Clinton, former presidents



George Bush and Gerald Ford, and retired General Colin Powell. The focus of this program was to promote volunteerism. All agreed that if enough people would get involved, we could literally solve our social problems.

#### Your challenge

This fall, MSMS will be participating in the "National Make-a-Difference Day." You will be hearing and reading more about this in the next several months. During this time, I challenge you to find out what needs to be done in your community, then help organize it and see that it gets done. Show that you can help make a difference.

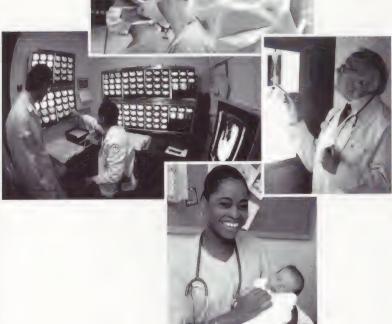
I invite you to kick-start yourself into a lifelong pattern of community service. I challenge you to prove that doctors can and do make a difference in their communities.

Doctor Duhamel will be installed May 3 as 1997-98 MSMS president.

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The following is a half-day continuing medical education program sponsored by Blue Cross Blue Shield of Michigan and presented by members



of the Department of Diagnostic Radiology, William Beaumont Hospital

#### **Indications and Cost Effectiveness for Medical Imaging**

Saturday, June 14, 1997

#### **Conference Location**

Blue Cross Blue Shield of Michigan Metro Service Center – Auditorium 27000 W. Eleven Mile Road, Southfield, MI

#### Registration

Call: Lee Singleton (313) 225-0163
Office of Continuing Medical Education
Electronic Registration:
www.bcbsm.com/cmesiller.shtml
Deadline for Registration: June 6, 1997

#### Fee

Pre-registration required. Participating Blue Cross Blue Shield of Michigan physicians — No fee. Non-Participating Blue Cross Blue Shield physicians — \$15.00 by check payable to Blue Cross Blue Shield of Michigan – CME.

Send check to: BCBSM, Office of CME – 0710 600 E. Lafayette Blvd. Detroit, MI 48226-2998

#### **Purpose and Intended Audience**

The purpose of this seminar is to review contemporary medical imaging for the primary care physician. Various imaging methods will be covered and their appropriate use for the cost effective delivery of medical care will be discussed. All physicians are welcome.

#### **Objectives of the Seminar**

At the conclusion of the program, the participants should be able to:

- Characterize certain imaging methods in use today.
- Relate the imaging procedures to clinical applications.
- Define the optimal usage of various imaging procedures.
- Discuss the proper applications of these imaging studies and recognized inappropriate usage.

#### **Credit Hours**

Blue Cross Blue Shield of Michigan, an organization accredited by the MSMS Committee on CME Accreditation, certifies that this activity meets the criteria for a maximum of four (4) credit hours in Category I toward the requirements for Michigan relicensure and toward the Physician's Recognition Award of the AMA provided it is completed as designed.

AOA 2-A Credit sponsored by Pontiac Osteopathic Hospital

The views and opinions expressed by the speakers/panelists do not necessarily reflect those of BCBSM or current BCBSM medical policy.

#### **CME Program Director**

John J. Siller, MD Associate Medical Director – Education Blue Cross Blue Shield of Michigan

#### **Program Director and Moderator**

Howard J. Dworkin, MD Director, Department of Nuclear Medicine William Beaumont Hospital

#### **Program Agenda**

7:15 am Continental Breakfast

8:00 Welcome and Introduction
John J. Siller, MD
Associate Medical Director – Education
Blue Cross Blue Shield of Michigan

8:05 Program Director and Moderator
Howard J. Dworkin, MD
Director, Department of Nuclear Medicine
William Beaumont Hospital

8:10 Optimal Use of CT and MRI in Patient Care Ali Shirkhoda, MD, FACR

Director, Division of Diagnostic Imaging, Department of Diagnostic Radiology

8:55 Surgery Without a Scalpel
Matthias J. Kirsch, MD
Staff Angiographer/Interventional Radiologist
Division of Vascular and Interventional Radiology
Department of Diagnostic Radiology

Department of Diagnostic Radiology

9:40 Cost Effective Utilization of Diagnostic
Ultrasound
Beatrice L. Madrazo, MD, FACR
Chief. Section of Diagnostic Ultrasound

10:25 am Break

10:45 Key Indicators for Selected Nuclear Medicine Imaging Studies
Paul Bohdiewicz, MD
Staff Physician
Nuclear Medicine Department

11:30 Effective use of Myocardial Perfusion Imaging in General Medical Practice Christine Dickinson, MD Staff Physician Nuclear Medicine Department

12:00 pm Discussion Panel

12:30 Adjourn

Emergency message center (810) 448-5580

## MichiganMedicine

#### COVER STORY



Photo by Dwight Cendrowski

## Community health coalitions Shaping medicine's future

20

Throughout Michigan, health care providers, employers, insurers and consumers are working to build healthier residents by providing quality, cost-effective care. In these pages, you will discover how community coalitions operate and address concerns, as well as what their future holds. Featured are the Greater Flint Health Coalition and the Calhoun County Health Improvement Program, two coalitions which offer insight into the challenges and successes community health groups can experience.

By Karen Bouffard

#### FEATURES

#### LEGISLATIVE PROFILE

#### **Senator Dick Posthumus**

12

Senate Majority Leader Dick Posthumus, R-Alto, said "yes" to Michigan in 1982 when he ran for the state senate. He now looks to say "yes" to providing affordable health care to informed consumers. By Kathleen McKevitt

#### VIEWPOINT

#### Investing in MMA secures health care's future

18

Michigan Medical Advantage offers physicians an opportunity to band together to secure physicians' and patients' futures.

By Michael W. Smith, MD

June 1997 Volume 96, Number 6

MSMS Internet Website Address: http://www.msms.org/

MSMS E-mail Address: msms@msms.org



#### FEATURES

#### SPECIAL FEATURE

## IMG leaders to new AMA section address funding and workforce concerns

28

Though still elated with their success at establishing a new section during the December 1996 AMA House of Delegates meeting, Michigan's IMG leaders have hours of work ahead to organize the group. By Ralph Ward

#### DENTAL INSURANCE

#### Delta Dental offers affordable coverage

30

MSMS members have the advantage of choosing affordable dental insurance for themselves, their families and their employees.

#### PHYSICIAN PROFILE

#### Jim Fahner, MD

32

As a contestant on the television show "Jeopardy", this Grand Rapids pediatric oncologist found himself challenged and amused.

By Carole Eberly

#### PRACTICE MANAGEMENT

#### State announces Medicaid awards

3/

Thirteen health plans will provide coverage to Medicaid patients in five southeastern Michigan counties. Doctors still have time to choose with whom to affiliate by the July 1 target date for capitated care. By Ralph Ward

#### MEDICAL ECONOMICS

#### Low Medicaid payments jeopardize care

38

Michigan doctors treating Medicaid patients receive some of the lowest reimbursement rates nationwide. Gov. Engler's projected cuts offer no relief in sight. Doctors must take action to remedy this problem. By Cathy L. DeShano

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Look for Michigan Medicine On-line at http://www.msms.org/

#### LETTERS



#### Physicians must unite

Freestanding ambulatory surgery centers offer high quality care at cost savings as much as 50 percent less than the hospital cost for identical procedures. The concept of ambulatory surgery centers is not new. There are thousands in the United States. Unfortunately, Michigan has very few because its certificate of need process has locked entities out of the market.

A number of physician groups recently came together to develop freestanding ambulatory surgery centers. Hospital interests reacted to this upsurge and asked the certificate of need commission, to form an ad hoc committee to redefine the standards for securing certificates of need for surgical services. The adopted revised standards were crafted to make it impossible for physician owned ambulatory surgery centers to meet the requirement to qualify for a certificate of need.

Blue Cross and Blue Shield of Michigan (BCBSM) currently denies participation status to physician owned ambulatory freestanding surgery centers, even though Public Act 350 of 1980 (the statute that enables and governs Blue Cross and Blue Shield of Michigan) specifically prohibits BCBSM from refusing participation status to ambulatory freestanding surgery centers.

Governor Engler has failed on his promise, while state senator, to eliminate Michigan's certificate of need requirement. He also has a responsibility to see that the state insurance commissioner does not permit BCBSM to continue to violate the public act provision.

Physicians must realize that the continuous trend toward corporate control of medicine is a trend toward more expensive, lesser quality medicine. If we do not take a united stand against this trend, our patients will suffer and we will soon lose all opportunities to practice high quality medicine.

Sincerely,

Gregory G. Messenger, MD Lansing

#### Anaphylactic message informs the public

Thank you for your help in getting the recent article on peanut anaphylaxis into the MSMS magazine.

I've already received calls from health care professionals who have read the article and are calling for personal and/or professional reasons. I thank you for helping us get the word out to "front-line" caregivers about the seriousness of the foodinduced anaphylaxis and the implications of that diagnosis on families. I think this article will certainly help promote greater understanding and compassion regarding this topic.

On behalf of all the families in FAMN, thanks so much.

#### Anne Russell, RN

Coordinator, Food Allergy Michigan Network Plymouth

#### Cover lends authenticity

Just a note to let you know how much fun we had with the February edition of Michigan Medicine!

The photographer you sent was most congenial—had even swept the cobwebs off one wall! Luckily he missed some to lend authenticity!

Thank you for all your efforts!

Peg Shearer, MD

Dexter

#### **Quality of congressional** campaign is questionable

Regarding your article by Ralph Ward in the March, 1997 edition, the author makes the statement that Debbie Stabenow was able to defeat Dick Chrysler through "quality campaigning and strong labor backing." I would agree with the strong labor backing, but I would wholeheartedly disagree that this was a quality campaign.

I am surprised that you would print such nonsense in your magazine. I would suggest that, in my own mind anyway, this diminishes my respect for your publication to be objective and now pandering to the politicians.

Yours truly,

Robert L. Osmer, MD

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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of Michigan Medicine and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editor nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. Michigan Medicine reserves the right to accept or reject advertising copy. Products and services advertised in Michigan Medicine are neither endorsed nor warranteed by MSMS, with the exception of a few.

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## Web developers seek new way to update information

by William R. DeCourcy, Jr

Americans are accustomed to receiving information from the popular media without requesting it. Whether it is a billboard, a radio commercial, or a television advertisement, information is "pushed" upon us. This has not been the case, however, on the Internet. Web site developers have always relied on users to visit their sites and request information. One of the most difficult aspects of maintaining a web server is finding a reliable way to insure people are visiting a site as it is updated. Also, advertisers, who spend a tremendous amount of money supporting Web sites through banner advertisements and promotions, have had to rely on the interest of their audience to pass their message on.

Relying on the user to actively seek information on the Internet is due to the nature of today's Internet browsers, software programs often called "pull clients", because they do not download information until the user requests they do so. Internet developers have been working on another method of delivering information that will not rely on the user's activity. Such programs, known as "push clients", deliver information to your computer automatically. With the advent of programs such as PointCast, and the latest versions of Netscape and Microsoft's Internet Explorer, the evolution toward "push" has begun.

#### The Present

PointCast was the first Internet service to offer push services to users surfing the Web. PointCast is a free service powered by software net surfers may download at http:// www.pointcast.com. PointCast is the initial setup process. Via a series of menus, PointCast customizes your news feed by asking questions about stocks you own, topics you are interested in, and sports teams you follow.

Once the software is configured, it takes the form of a screen saver that activates itself after a user - defined period of inactivity. The PointCast screen saver displays a scrolling line of news information, based on the preferences you specify. Other push clients with similar features are available, including After Dark Online (http://www.afterdark.com) and NETDelivery (www.netdelivery.com).

#### The Future

In the future, push clients will be much more pervasive, with the goal of ultimately turning the Internet into a medium similar to television.

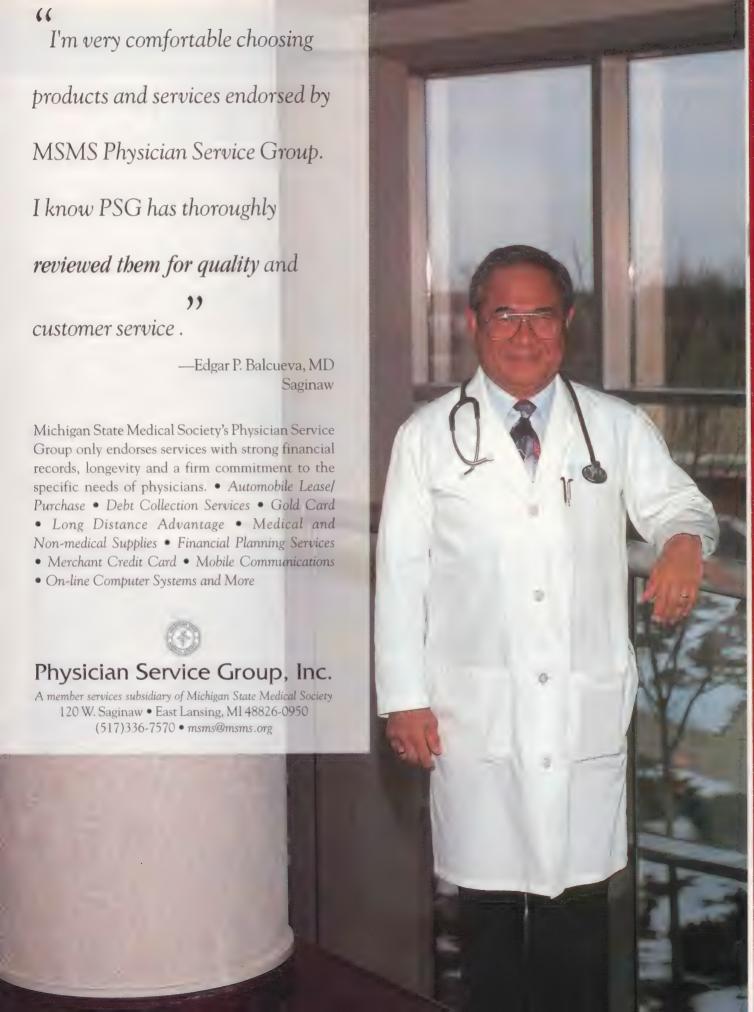
Netscape Netcaster enables push delivery of information and offline browsing. Offline browsing allows 'net users to download information from an Internet source, then view that information while the computer is no longer connected to the Internet. For example, users of Netcaster who are interested in having access to the latest medical information will be able to schedule overnight downloads of information from hundreds of medical sites (including MSMSNET), and then view that information while no longer being connected to the Internet. Microsoft Internet Explorer 4.0 offers similar features.

More information on "push clients" can be found at the Netscape Navigator homepage (http:// home.netscape.com) and the Microsoft Internet Explorer homepage (http://www.microsoft. com/ie).

The author is Chief of Internet Systems for MSMS.

Surfing the Internet is a monthly feature of Michigan Medicine. If you have questions regarding MSMSNET content and/or links, contact Editor of Electronic Communications Claudia Skutar at cskutar(a msms.org, or at 517-336-5748. For technical questions about MSMSNET or Voyager Information Services, contact William R. DeCourcy, Jr. at MSMS at wdecourcy(a msms.org or at 517-336-7575.

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## ASK OUR LAWYER

## When MCOs terminate contracts

Can physicians learn reasons for dismissal?

by Richard D. Weber

Question: Virtually every managed care organization contract with participating physicians that I have seen gives the managed care organization the right to terminate the contract without cause. I am aware of some physicians who have been victimized by such terminations. Although I have never been terminated by a managed care organization, the knowledge that I could be terminated without cause at any time makes me uneasy and may unconsciously affect my practice. Could you please comment on any legal rights physicians might have if they are victimized by such no-cause terminations?

Answer: You are correct that most managed care participating contracts authorize the managed care organization (MCO) to terminate the contract without cause. This appears to be a contractual right that MCOs refuse to give up. They would argue that even if there was a cause for termination, they need the without cause termination right to fall back on in order to avoid a lawsuit over whether or not sufficient facts existed to create cause. On the other hand, without cause terminations can be grossly unfair to physicians who build their practice based upon such contracts and could literally have the rug pulled out from under them for no cause.

#### Legislation amends nocause termination

The recently enacted Michigan Patient Bill of Rights, a compilation of laws vigorously pursued by MSMS, represents the first legislative pronouncement on this issue. These acts take effect October 1, 1997. The amendments to the health maintenance organization and prudent purchaser agreement statutes both provide that a health care provider whose contract as an affiliated provider is terminated shall be provided upon request with a written explanation by the organization of the reasons for the termination. This provision will effectively require a MCO to state a reason for termination, but it will not necessarily change the contractual provision authorizing no-cause terminations. It was not legislatively feasible to preclude no-cause termination contract provisions. The statutory requirement of a written explanation of the reasons for termination is also open-ended and would not necessarily have to relate to issues of quality of care or appropriate utilization. Economic reasons will continue to drive no-cause terminations.

#### Court cases

There are no appellate court decisions in Michigan recognizing a cause of action by a health care provider against a MCO who may have been victimized by a no-cause termination provision. Although it is unlikely that the Michigan appellate courts will find that the new Michigan legislation requiring an explanation for the reasons for termination will in and of itself create a cause of action by providers, it could create a factual basis to form a possible common law cause of action.

Although there is a dearth of appellate decisions in other jurisdictions on this issue, the courts of California and New Hampshire have fashioned common law remedies for providers who were terminated without cause. A federal court in California held that a provider termination could not be arbitrary and capricious. More recently, the New Hampshire Supreme Court found that a covenant of good faith and fair dealing implied under common law should apply to this issue, negating the ability of a MCO to terminate without cause. That court created a right by the provider to review the termination decision. These are new decisions dealing with new legal issues. Some attorneys are predicting a surge of litigation in this area.

continued on page 49

Editor's Note: if you have legal questions you would like answered by MSMS legal counsel in this column, send them to Judy Marr, Editor of Publications, P.O. Box 950, East Lansing, MI 48826-0950, or fax them to (517) 337-2490 or e-mail them to imarr(a msms.org. You may respond to Mr. Weber's column on-line now at http://www.msms.org/

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## Senate Majority Leader Dick Posthumus

Economic factors affect health care perspective

#### By Kathleen McKevitt

ick Posthumus, R-Alto, said "yes" to Michigan in 1982 when he ran for state Senate to try to change the things that were causing him and his wife Pam to consider leaving the state. His move into politics was due to the influence of a college friend—John Engler, his dorm mate at Michigan State University, whose first campaign Posthumus successfully ran.

"When I saw how individuals can have an impact in this country, it intrigued me," says Posthumus.

But the effect wasn't immediate. After he graduated with a B.S. in agricultural economics and public affairs, Dick and Pam were busy starting a family and working their Kent County farm. "About 12 years later," the Senator continues, "we sat down and talked about the future of our family. As a young couple starting out, we were afraid that high taxes and double-digit inflation would force us out of Michigan. When my predecessor retired, I was motivated to run for the legislature, but really I was running for the future of my kids."

#### Legislative success

Posthumus, now Senate Majority Leader, went on to become author of the largest tax cut in Michigan history. His efforts led to the passage of Proposal A in March 1994 by Michigan voters. His keen interest in lowering taxes, reducing spending and government, and ensuring the well being of families and children has direct bearing on his health care perspective.

#### Affordable health care

Earlier this year, Senate Republicans unveiled their agenda for Michigan families, which includes taking a new look at the 1991 Republican Affordable Health Care Package.

Posthumus identifies two parts to the pack-

age: making health insurance more affordable and increasing access to health care. Though a large portion of the population receives health insurance through its employers, "self-employed and lower-income working individuals aren't as fortunate. Our package is supposed to provide low-cost health insurance to anybody who needs it," he said. Through the package, the legislature also seeks

to "guarantee that every child in the state can have access to insurance. "

#### Informing health consumers

The senator is attuned to the special health care needs of another group as well: agricultural workers. "Agriculture is one of the most dangerous professions in America," said Sen. Posthumus, a farmer himself. "A lot of it has to do with lack of information, such as how to prevent injuries, especially among children, and how to handle chemicals. Most farmers are selfemployed, so the cost of health care also is very important to them."

The increasing face of managed care is forcing a redefinition of the consumer, according to Posthumus. "Normally a consumer pays and receives a service. In America, a large number of patients receive a service and their employer pays for it. The patient's concern is service, and the employer's concern is cost. We need to start here and find ways to give patients more control over their health care by giving them more responsibility for payment—medical savings accounts, for example." Access to information is critical to managed care as far as the senator is concerned.

The Patient Bill of Rights, passed earlier this year, gave patients greater access to grievance resolutions so they could find ways to get services they might be denied. "In Michigan," notes Sen. Posthumus, "we don't vet see the gag clause problem, but we need to look at it before it becomes an issue." The bills also assured physicians the right of notification so that they had adequate time to apply to participate in a managed care program.

#### Addressing health care debates

As an active supporter of the medical liability reform law of 1993, Posthumus says that "in the last decade, our liability

laws were so out of whack we were losing good physicians to other states. Since the passage of this law, I've talked to doctors who feel that their liability rates are now stabilizing."

Two current public debates also command Posthumus's attention: hospital conversions and assisted suicide. Although most hospitals in Michigan are nonprofit, the national move toward for-profit hospitals and the possible takeover of Michigan Capital Medical Center has alerted him to the "need to look at it carefully.

"Not to stop them," he says, "but to make sure that if they take place, community benefits are protected and maintained. Nonprofits exist and have grown because of tax breaks. Senator Dale Shugars is working hard on this issue as chair of the Senate Health Policy and Senior Citizens Committee."

A more highly charged issue is the right-todie debate, often in the news because of Michigan pathologist Jack Kevorkian. Sen. Posthumus says Doctor Kevorkian is focusing attention on the small percentage of cases in which a patient or a doctor takes an action that leads to death.

"People have confused that with the right to die naturally. We need to assure in legislation that families and hospitals have the ability to allow patients to have a pain-free and natural death.



"The Senate is strong in its position that a doctor's taking a specific act to cause death is something that we can't condone in Michigan health care. It is a very tough issue."

Dick Posthumus made a commitment to Michigan in 1982, and he wants to keep Michigan physicians here as well. A favorable business climate is a sound basis for their retention, achievable, he believes, by carefully addressing the limitations of managed

health care, continuing to reduce regulations and barriers to health care, and continuing to monitor liability insurance. Perhaps he'll be in the ultimate position to support such issues as Michigan governor.

"Right now I'm encouraging John [Engler] to run," he says. "He's a large reason for the turnaround in this state, and it's in the state's best interest for him to continue. If he doesn't run, I will seriously consider running for governor because now that my children's future is protected, I want to ensure protection for my grandchildren."

The author is a Laingsburg-based freelance writer.

"Our [ senate republicans] package is supposed to provide lowcost health insurance to anybody who needs it." Dick Posthumus

### ACROSS THE STATE

#### Dearborn

Connie Murry Cole, past vice chair of the State Board of Medicine, presented a gubernatorial declaration to newly elected MSA President David M. Krhovsky, MD, Grand Rapids, left, and outgoing president N. Sean Ohanian, MD, Bloomfield Hills, right. Gov. Engler declared April 20-26 as Michigan Society of Anesthesiologists Week for anesthesiologists' efforts to raise and maintain practice standards and patient care. During this week 150 years ago, the first obstetrical anesthetic was used on Frances Longfellow, wife of poet Henry Wadsworth Longfellow.



#### Detroit

Peter Watson, a Wayne State University Medical School student and member of the Michigan delegation to the American Medical Association, presents a Wayne State University Medicine sweatshirt to Sen. Carl Levin, D-Detroit. In a speech to the Wayne State University School of Medicine Chapter of the American Medical Association, Sen. Levin encouraged medical students to pay attention to the Medicare debate. The money saved from Medicare, said Sen. Levin, could create more financing for GME, train more primary care physicians and/or reduce the number of physicians nationwide.



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## MMA stocks available to investors

By Cathy L. DeShano

Purchasers bought more than \$250,000 in Michigan Medical Advantage stocks during the first four days the shares were available to individual Michigan residents.

As of May 15, total sales had grown to \$350,000. "We were extremely pleased with the kick-off event Friday night (May 2 at the MSMS House of Delegates in Traverse City," said MMA chief operating officer Kevin Cawley. "Those who attended asked a variety of questions and were eager to learn more about MMA."

MMA is a physician-owned, physician-minded managed service organization that will offer managed care administrative services, offer a PPO/POS product, develop physician organizations and provide limited management and consulting services. The company evolved from a resolution passed at the 1996 House of Delegates meeting in Traverse City.

Michigan residents who are licensed physicians or officers, directors and managers of MMA, MPMLC, MSMS, county medical societies, physician organizations or medical groups may purchase stocks. According to Cawley, there has been a significant amount of interest above and beyond those who purchased stock during the House of Delegates meeting. Those who invest must purchase a minimum of 250 shares, while the maximum purchase is 1,500 shares.

Individuals interested in purchasing stock can obtain a prospectus through McDonald and Company Securities at the following locations:

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at 313-417-2600 or 800-417-2650 Bruce Johnson in Holland at 616-

355-2255 or 800-331-6961

For other details, you may call Kevin Cawley at 517-336-1400. ■



Initial Michigan Medical Advantage stock purchasers gathered before the close of the House of Delegates meeting Sunday, May 4 in Traverse City. Fifty-six people bought more than \$250,000 worth of stocks in the new physician-owned, physician-minded company. Investors must purchase a minimum of 250 shares at \$10 per share and may purchase a maximum of 1,500 shares.



## Secure health care's future

Investing in MMA counters insurance, hospital power

#### By Michael W. Smith, MD

The 1996 Michigan State Medical Society House of Delegates voted to form a doctorowned medical service organization. The MSMS Board of Directors has acted upon this directive. The medical service organization, named Michigan Medical Advantage (MMA), is now a reality and preparing to offer services to our membership.

A medical organization is one way physicians can band together for our own and our patients' security. The growth of capitated care in the United States makes it important for physicians to associate in large groups to counter the power of insurance and hospital groups, to improve quality of medical care delivery and to improve efficiency of medical practice.

It is important that such an organization be physician-owned and democratically directed. This will decrease distrust by individual physicians and increase acceptance of the reality that being part of an organized medical group is the only way to face the challenges of the future.

MSMS is timely with its response to the changing times and has developed a medical service organization that stands ready to serve you. I believe the time has come for stronger physician organization. If properly managed and directed, medical service organizations can enhance the physicians' individual and collective power.

This is the time to strengthen our physicians. MSMS has offered a way to help us by the formation of MMA. Be sure to show your interest and support in this endeavor.

Reprinted from the March/April 1997 Washtenaw County Medical Society Bulletin.



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Shaping medicine's future

following pages, you will discover how community coalitions operfuture. However, these varying viewpoints are gathering to develop healthier residents Across the state, physicians, employers, insurers and consumers ate, methods through which their members resolve issues, successes unless all players communicate their needs its unique perspective is vital to shaping its health care. As these coalitions form, each group finds that sharing and concerns. In the may impede progress community's medical by providing quality

coalitions have achieved and what the future holds for these groups.

## Patience, trust build strong coalitions.

Physicians help to establish healthy communities

#### By Karen Bouffard

**T** t's your first time giving Jane Doe her annual check-up. When asked if she smokes, Jane responds with "two packs a day." She then tells you she drinks a six-pack of beer each weekend night and sometimes during the week. You ask about exercise and she wonders aloud if walking to her car counts. After a thorough assessment, you suggest Jane could lead a healthier life to live longer.

When Greater Flint Health Coalition members received a study that indicated its residents have poor health habits such as these, they decided to combat the problem. Around the state, community health coalitions like that of Flint are working to build healthier residents by providing quality, cost-effective care.

In an informational report to the MSMS Board of Directors in November 1996, the MSMS Advisory Committee on Medical Economics offered guidelines for success to Michigan's 13 community health coalitions. The committee suggested coalitions should have representatives from county medical and osteopathic societies, health departments, hospitals and businesses; they must have access to health plan and employer data; coalitions should use nationally developed guidelines instead of reinventing the wheel; their focus should be on quality and improvement, rather than on cost and censure.

These guidelines resulted from experiments in health care partnerships born of the economic necessities of today's health care environment. Coalitions of providers, purchasers and consumers are pooling knowledge and resources to assess the quality of health in their communities, identify priorities and manage re-

The process is arduous and time consuming. requiring hundreds of hours of voluntary involvement from physicians. Often, there are more long-term objectives than short-term rewards.

As communities attempt to gain control of health care costs while improving health, the players - physicians, employers, insurers, consumers – struggle to accept divergent perspectives, setting aside traditional differences in order to benefit the common good. The Greater Detroit Area Health Council, for example, successfully

developed the Michigan Health Management Information System (MHMIS,) a regional health information network. MHMIS has prepared a pilot study in eligibility verification between five hospitals and two health plans, in order to test how it could help organizations share data across sites. Other pilot projects allow the exchange of managed care information, and clinical data transfer.

Initiatives in Flint and in Battle Creek demonstrate how an organization's structure, local politics, economic factors and a community's health profile can affect the process of developing a successful community health coalition.

#### Genesee County Coalition

Building trust among all players is essential to building a successful community/business health partnership. In Genesee County, the Greater Flint Health Coalition has built trust by incorporating physician input at every level.

According to coalition board member Cathy Blight, MD, senior associate pathologist at Hurley Medical Center, greater involvement by GM and the UAW, and a commitment to improve health for the entire Flint community, rather than just for GM employees, have been vital to the coalition's effectiveness. The coalition has been recently revamped to reflect these priorities.

"Everybody's committed to making the health of the community, not just a sector of the community, better for everyone," Doctor Blight says.

Though the coalition formed in 1992, its progress was stunted by lack of involvement from GM and the UAW, which were formally represented on the Board but rarely present at coalition meetings. While its activities were targeted to GM employees, the coalition lacked access to employee data.

In July 1996, a GM-funded study by the Lewin Group, a Virginia-based consulting firm, confirmed what community health officials and employers had known anecdotally all along – that Flint residents are sicker than average and have unhealthy habits.

While GM spends \$500 million on health care each year in Genesee County, the local population smokes too much, drinks too much, and exercises too little. Although the average Flint hospital charges are eight percent lower than the state average, and as much as 45 percent lower than those in California, GM's costs are high because of high utilization. Flint residents are hospitalized 32 percent more, and use inpatient medical services about 62 percent more, than benchmark communities used in the study. They die at a greater rate than the national average after heart by-pass surgery and from heart disease and diabetes. The report blamed Flint's high health costs on patients being admitted to hospitals more frequently than in other parts of the country, and undergoing more protracted courses of treatment.

Concluding that local efforts focused on the entire Flint community could yield the best results, coalition members took steps to add new energy and resources to their efforts.

"It's taken a long time to get to where we want to be," says Doctor Blight. "There is a certain amount of trust that needs to be built, and that's part of the process. This is not only a purchasers' coalition, it's a community coalition with everybody sitting around the table. From the beginning, physicians have always been part

of the discussion and are part of the decision-making process."

#### Coalition projects

Coalition members are implementing various projects addressing Flint health issues, including the care and prevention of diabetes, education and awareness for patients and physicians regarding Helicobacter pylori, an ulcer caused by bacteria, and the community's high rate of c-sections. According to Doctor Blight, coalition efforts in this last project have succeed in reducing the number of c-sections from 29.9 percent in 1992 to about 24 percent in 1996.

### Assessing the "heart" of Flint's citizens

The coalition also has found success through its cardiac task force, developed in response to the Lewin study findings that Flint area doctors performed a high number of cardiac catheterizations. Task force efforts have been highly productive due to the willingness of members to find a common perspective, says Janie Flemming, RN, chair of the task force and director of Medical Services Administration for Blue Care Network.

"It's very gratifying to see these competitive bodies sitting in the same room, all of these minds coming together, and to see the thoughtfulness of their analysis of the data—and their commitment to coming to these meetings on their own time," says Flemming.

The group, comprised of administration representatives, cardiologists, cardiovascular surgeons, primary care physicians, and GM and UAW representatives, first analyzed the various reasons Flint patients received cardiac catheterizations more than the average community considering the community's higher rate of heart disease.

"Our approach was, 'Let's look further,'" says Michael Boucree, MD, MPH, vice-president for

"The opportunity is here to help shape the community's medical future. There's no way we can ignore that opportunity." Peter A. Levine. Genesee County Medical Society executive director

"There has to be a willingness on both sides to start a relationship, and a communication that will build trust." Marilyn Bell, Southwest Michigan Health Plan Purchasing Alliance executive director medical management for Hurley PHO and chief physician advisor for utilization and case management for Hurley Medical Center. "The statement, 'There appears to be overutilization,' translates to 'This is an opportunity for improvement.' We're willing to step up to the plate and say, 'OK, let's see what our role is.' But what we don't want to say is that we'll accept total responsibility for high cardiovascular mortality or overutilization."

The task force developed guidelines and a data collection instrument for a cardiac catheterization study, and obtained funding by the Greater Flint Health Coalition and Merck Inc. The study, which reviewed records of a sample of cardiac catheterizations performed at Flint area hospitals during 1995, was conducted by the Michigan Peer Review Organization (MPRO.) During February 1997, 835 medical records were reviewed. The results are currently under review by the task force.

"Formulation of the findings is still in the analysis mode," Flemming says. "We will then develop a plan for areas that need attention and communication. The funding, as well as the activities of the plan will be considered as we move forward."

Flemming notes that the process requires many hours of involvement from physicians. The task force normally meets once per month, but during analysis of the cardiac catheterization study, it has increased meetings to every

"Attendance is excellent at all of our meetings," Flemming says, noting that the group frequently converses for two or more hours. "These are very productive meetings. We're able to get to consensus easily."

According to Doctor Boucree, a confidentiality agreement among members ensures that information will be responsibly released by the group to the media. The cardiac catheterization study is a blind study, in which names of individual hospitals or physicians are not linked

directly to specific findings. As a result, an environment exists in which all parties feel comfortable to speak freely.

"We have completely open and frank discussions," Doctor Boucree notes. "We've had some knock down, drag out arguments, but we've had a medical conversation - and it's not around one case, it's around 800-plus cases." According to Peter A. Levine, MPH, Genesee County Medical Society executive director, the society actively encourages physicians, like those involved in the cardiac task force, to become active in the coalition.

"Any communication we have to our members stresses the fact that they need to be involved to shape the process and the outcomes," Levine says. "The opportunity is here to help shape the community's medical future. There's no way we can ignore that opportunity."

#### Calhoun County Coalition

Trust building does not always come easy for community health coalitions. Physicians in Calhoun County are encountering more obstacles to the process.

The Calhoun County Health Improvement Program (CCHIP) is one of three Comprehensive Community Health Models (CCHMs), including projects in Muskegon and St. Clair County, established by the W.K. Kellogg Foundation in 1991. In Calhoun County, the Kellogg grant is administered through the Battle Creek Community Foundation.

CCHMs communities have two primary objectives: to improve the health status of local people, and to develop an inclusive community decision-making process. While CCHM communities are intended to create a channel for all community voices, some Calhoun County physicians believe their concerns have been drowned out in the CCHIPs process by voices of big business.



L-R: James D. Forshee, MD, John Brody, MD and Cheryle Spencer, RN, analyze data from the Greater Flint Health Coalition's most recent cardiac catheterization study.

#### Changes create concerns

Last November, the CCHIP's mission of bringing the community together to help improve health was "left in the dust," according to B. Douglas Campbell, MD, when the board voted to join the Kalamazoo-based Southwest Michigan Health Care Coalition in creating a purchasing cooperative, the Southwest Michigan Health Plan Purchasing Alliance.

Doctor Campbell, a provider representative on the CCHIP's Board of Directors and Calhoun County Medical Society president, and other Calhoun County physicians fear the alliance will regionalize specialty services and resources in Kalamazoo, draining Calhoun County of its physician base, and moving the seat of health care decision-making to another county.

"The purchasing alliance will be dominated by Kalamazoo business interests," says Doctor Campbell, a Battle Creek neurologist. "If Kalamazoo has more people insured, they'll get control. It undermines the health care of our county to the benefit of Kalamazoo."

The new alliance fuses Southwest Michigan Health Care Coalition's 44 businesses—the majority of which are located in Kalamazoo County—with the CCHIP. However, Marilyn Bell, executive director of the purchasing alliance based in Kalamazoo, disagrees that the coalition's heavy concentration of Kalamazoo businesses will spur relocation to Kalamazoo.

"It's not our intent. We need products that serve both communities," she says. "We definitely want the best and will be looking not just at cost, but at quality. Ideally, we would have a combination of services that are available in both counties.

"We certainly don't want to encourage all three hospitals to have a neonatal unit and an open heart surgery unit. We've all got to work together. There's no way of knowing where that's going to be."

She emphasizes that because Calhoun County employers will need to provide local health care access to their employees, "there is no way we cannot have access there."

Though Doctor Campbell believes this controversy surrounding the purchasing alliance has diverted the CCHIP from its original mission, CCHIP program manager Marlene Lawrence notes the project has experienced many accomplishments in spite of the disputes.

The CCHIP has stimulated progress in adopting an "811" family care management and referral line. The coalition also has participated in a county-wide effort to purchase and install fiber optic cable. In May, The Community Health Information Network (CHIN), developed by the CCHIP, will open a minimum of five centrally-located interactive kiosks, providing health information directly to consumers.

"I've been really proud of us that even though we've had differences of opinion we've been able



Key physician advocates with the Calhoun County Health Improvement Program are, from left, Jeffrey M. Jones, MD, MSMS Board member; Jin-Chul Kim, MD, immediate past president, Calhoun County Medical Society, and B. Douglas Campbell, MD, CCMS president and physician representative on the CCHIP board.

to continue to work together," Lawrence says. "The purchasing alliance does not work without having an integrated provider system. I don't see that we're at a stalemate where we can't make any progress."

But Doctor Campbell cautions that "extraordinarily high" levels of distrust among CCHIPs players could impede continued successes.

#### Will physicians be heard?

Central to this issue, says Doctor Campbell, are physicians' feelings that they have little clout on a board influenced by a substructure of relationships and interconnections among board members and powerful local business interests. The CCHIP board is comprised of one-third providers, one-third payers and one-third consumers. Doctor Campbell serves as the only practicing physician representative to the CCHIP's board; no physicians sit on the purchasing alliance board.

While Bell concedes there are no physician representatives on the alliance's board, she says the alliance was advised by its consulting firm, the Washington, DC-based Institute for Health Policy Solutions, that to include physicians would constitute a conflict of interest.

"The board would be approving the RFP and would be choosing which plans meet the criteria. We were told it was a conflict of interest for providers to be on the Board, because providers would be submitting proposals."

She adds, "Physicians are not on any HPPA Boards throughout the country. This is not just Calhoun County – it's the way HPPAs are structured."

According to Bell, the interim HPPA board will include six representatives from each county--two large employers, two small employers and two consumers. A physician's advisory committee with representatives from Kalamazoo and Calhoun Counties has been set up to provide input, according to Bell. No specific process is in place to appeal decisions of the alliance's board.

"I agree that trust is a real issue, but it doesn't happen instantaneously," Ms. Bell says. "There has to be a willingness on both sides to start a relationship, and a communication that will build trust. I'm extending an invitation to physicians and other providers in Calhoun County to start that process."

"I'm very willing to meet with any groups of physicians, and with the Calhoun County Medical Society to answer questions."

#### **Future efforts**

These two models reveal that, although the approaches may be different, the goals are very similar: to address health care delivery issues through a community-wide process. It is a positive development that community health status has become part of the coalition agenda, but the challenge is to keep the commitment alive rather than just looking for the cheapest care. Physicians participating in these efforts can educate employers and others about how changes to the system affect care, and, in return, they can better understand the needs and perceptions of those providing the benefit plan. This kind of continuous dialogue will be critical to improving the health of Michigan's communities.

The author is a Williamston-based freelance writer.

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# IMGs set goals for AMA section

Michigan leaders address funding and workforce concerns

### By Ralph D. Ward

nternational medical graduates have become an important part of the American health care structure in recent decades, but too often they remain second-class citizens within the medical community. Increasingly, voices within medicine have called for formal recognition of the unique needs of IMG physicians.

"The need has grown as competition has gotten tougher, with the greater number of physicians, and with the growing incidence of discrimination against IMGs," observes AppaRao Mukkamala, MD, a radiologist at Flint's Hurley Medical Center. Doctor Mukkamala and other Michigan IMGs were among national leaders who successfully created an AMA IMG section at the December 1996 AMA House of Delegates Interim Meeting.

### Initial efforts

It was a decade ago that state IMGs first approached the American Medical Association about creating a special section to address IMG needs. IMG leaders had solid problems to address: graduate medical education (GME) and workforce issues. Their primary objectives, throughout their 10-year effort, have been "to involve the IMGs in organized medicine, giving them a platform from which to discuss issues of their own, and to recommend courses of action," said Busharat Ahmad, MD, a Monroe ophthalmologist.

In 1987, Michigan's IMGs took their first resolution to the AMA calling for a section. However, the resolution was shot down.

After the 1987 failure, Michigan IMG physicians chose to go home and develop a model organization at the state level. Recalls Billy Ben Baumann, MD, current chair of the Michigan Delegation to the AMA, "the IMGs decided, well, if they don't want to do it, we'll do our

own demonstration project in Michigan." The MSMS IMG section was formed in 1988 with Doctor Ahmad as its first chair. Since the sections founding, IMG membership in MSMS has grown 17 percent. Subsequent MSMS section chairs have been Krishna K. Sawhney, MD, Taylor, now MSMS Board chair; Doctor Mukkamala, who went on to chair the AMA

IMG caucus; Kenneth Jordan, MD, a Flint internist; and now Amitabha Banerjee, MD, a Flint pediatrician. The success of this first-inthe nation state section encouraged Michigan's IMG doctors and the MSMS to try again at the national level four years ago.

### Third time is a charm

But the proposal for an AMA IMG section again was voted down. Rather than give up, state IMG leaders and MSMS took a "third time's a charm" approach, and launched another, more carefully planned, effort.

"The third time we thought it was imperative to do it right, so we gave a lot of attention to detail," says Doctor Baumann. "A lot of the IMGs put in a lot of groundwork building support at the state level. This new support was valuable, and gave us much better organization and orchestration of effort." Adds Doctor Ahmad, 1996 campaign "field general" to battle strategist Doctor Mukkamala, "Our track record in Michigan is very positive, and with growing IMG groups in states like Wisconsin and Arizona, it was very hard for the AMA to say no."

Lobbying within the AMA structure also proved fruitful. Michigan's IMG leaders networked with members of the AMA IMG caucus. They also received support from the AMA Council on Long-Range Planning, of which Doctor Ahmad is a member, which issued a report emphasizing the need for an IMG section.



Busharat Ahmad, MD left, receives a leadership award from Kenneth H. Jordan, MD, then MSMS IMG section chair, at the 1997 MSMS Joint Section meeting March 1 in Dearborn.

The efforts at last paid off when the proposal to establish the section passed with an almost unanimous vote of support.

Those in MSMS and the state's IMG community are elated by the national victory. "We were very happy to finally be successful. It's very good for the physicians, and excellent for the AMA," said Doctor Baumann.

When advocating for the section in December, IMG leaders contended their section would increase participation in the AMA because "there are probably over 150,000 IMGs in the US," says Doctor Ahmad. "With our potential goal of adding just 3,000 new members, that would increase the membership of the AMA from one to 1.5 percent." The new section will provide the AMA with credit among the IMG community and a direct pipeline to hear that community's concerns, according to Doctor Baumann. It will also provide a forum to discuss graduate medical education (GME) and workforce issues.

### Establishing the section

Yet the December victory has been tempered by the hard work ahead. IMGs must now organize the section and prioritize goals. "The immediate plan is to introduce the section structure," notes Doctor Mukkamala. "This includes a governing council and writing bylaws." The first five-member governing council for the section will be appointed at the June meeting, but by 1998, the section will elect its own leadership.

Once leaders establish the section's structure, they will address national concerns of its members. A specific goal will be to seek changes in the Workforce Planning Report prepared last fall for the US Congress, specifically those aspects dealing with controlling the growth of medical graduates. "The language of the Workforce report is anti-IMG," observes Doctor Ahmad. "One of our concerns will be to take the discriminatory elements out of it."

The GME issues will require ongoing effort. Changes in federal financing formulas have brought uncertainty to all GME matters, but the IMG section will be lobbying to assure increased concern for IMG access, as well as improved portability and base levels for funding.

Why was Michigan such a leader in supporting the IMG cause? Immigration numbers are one factor. While nationally IMGs make up about 17 percent of AMA membership, Michigan's concentration is closer to 25 percent.

Further, "the people here in Michigan have been more concerned with IMG issues," says Doctor Ahmad, "and the MSMS has been more supportive."

Doctor Baumann credits Doctor Ahmad as a major factor in the IMG victory. "Doctor Ahmad was very good at reminding us of this need. If I had to point to one person, it was him."

The author is a Riverdale-based freelance writer.

"Our primary objective is to see that residency policies are based on merit, not school of graduation or ethnic origin."

AppaRao
Mukkamala,
MD

# June is Delta Dental Month

Get affordable coverage for yourself, family, employees

ffordable dental insurance is not widely available to individuals or small groups, but MSMS members have the unique advantage of being eligible to choose Delta Dental for themselves and their employees.

"MSMS is proud to offer Delta Dental insurance as a valuable, tangible benefit of member-

ship," says David M.C. Hislop, MD, chair of the MSMS Group Insurance Trust (GIT). "A large number of MSMS members has taken advantage of the dental program for themselves or as a benefit for employees."

June has been declared "Delta Dental Month" by MSMS. Member physicians and their employees are encourage to take advantage of this once-a-year opportunity to join this MSMS-sponsored dental program.

The Delta plan is a "free-standing" benefit. Physicians

To learn more about the MSMS Delta Dental plan, refer to the enrollment information mailed to you recently, call the MSMS Group Insurance Trust at 1-800-748-0195, or visit the MSMS Internet Home Page at http://www.msms.org/ and click on Group Insurance Trust.

and their employees do not have to participate in any other MSMS endorsed insurance program to enroll in Delta. Access to quality benefit plans can be a real bonus, by helping physicians recruit and retain quality employees. The plan,

administered through the MSMS GIT, is billed in quarterly installments.

### **Dental Benefit Comparison**

The following chart indicates the services covered by Delta Dental Plan of Michigan through the MSMS-sponsored dental benefits program, as well as the percentage of coverage of the contracting dentist's usual/customary fee for each category:

	Delta Pays	You Pay
Diagnostic		
Includes oral examinations and emergency palliative treatment	100%	0%
Preventative		
Includes prophylaxes and topical applications of fluoride solutions	100%	0%
Oral Surgery		
Includes extractions and other oral surgery procedures usually employed by a dentist, including pre and post operative care.	50%	50%
Restorative		
Inlcudes amalgams (silver fillings), synthetic porcelain, plastic restorations, relines and repairs to prosthetic appliances. Gold restorations, crowns, and jackets may be used, but only when the teeth		
can't be restored with another filling material.	50%	50%
Periodontics		
Procedures usually employed by a dentist for the treatment of dis-		
eases of the gums and supporting structures of the teeth.	50%	50%
Endodontics		
Procedures usually employed by a dentist for the treatment of dis-		
eases of the gums and supporting structures of the teeth.	50%	50%
Prosthodontics		
Includes procedures required for the correction of bridges, partial		
and complete dentures.	50%	50%
Orthodontics		
Treatment and procedures required for the correction of malposed		
teeth. Eligible persons are covered only to age 19.	50%	50%
Benefit Maximums		

The maximum amount this plan pays during each contract year for each covered person is \$1,000. For orthodontic care, the plan pays a lifetime maximum of \$1,000 for each eligible person.

# Quality choices...

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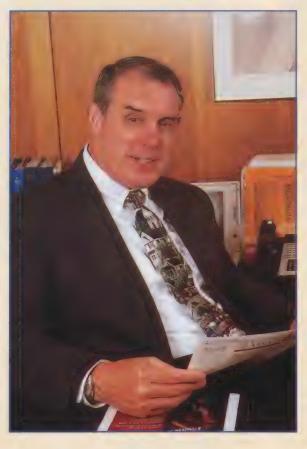
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# Jim Fahner, MD

Jeopardy contestant enjoys challenging diversion

## By Carole Eberly

uick. The category is US presidents. As a senator, who shared lodgings with future vicepresident William Rufus Devane King? Stumped? So was Jim Fahner, MD, of Butterworth Hospital in Grand Rapids, who recently appeared on "Jeopardy," the popular early-evening TV game show. He did, however, win more than \$30,000, a vacation in Antigua, and make it to a fourth round on the NBC network TV game. (And that's not counting a supply of Easy-Off Kitchen Cleaner, Gordon's Crunchy Golden Fish Sticks, Porcelana Medicated Skin Cream and FiberCon.)

"I used to watch Jeopardy as a kid with my grandmother when I would visit her in the summer," the pediatric oncologist said. "She was excellent. No one could touch her in the Bible category. She said I needed to be on Jeopardy when I was grown up. So it was always something I wanted to do; it was always in the back of my mind."

When Jeopardy announced it was having a contestant search in Chicago, Doctor Fahner's wife, Gail, sent in a postcard requesting he be considered. "I didn't even know she sent it in," he said. "But my wife called one day and said I was asked to show up in Chicago."

In the windy city he competed with about 100 other hopefuls. Host Alex Trebek, via video, asked the questions while Doctor Fahner wrote the answers. He had to answer correctly 70 percent of 50 tough questions to be interviewed by producers as a possible contestant. He did so and was asked to play a mock version of the game with buzzers and all the related gizmos while producers, holding clipboards and taking notes, judged performances on such things as energy and enthusiasm.

"About three weeks after that, my wife called and said, 'Guess what, Jeopardy called and they want you out in Hollywood," he recalled. "I thought it was a gag and just laughed." But he was on his way to Hollywood in November.

He read a book written by Trebek about the history of Jeopardy, hoping to pick up tips on winning. What he discovered was he could either study a lot of minutia or simply rely on what he already knew-both tactics yielded the same results. "How can you study," he asked. "The categories are so random that you can have terrible categories that you know nothing about or some that you do." To

hedge his bets, though, he bought a pocket world almanac to study on his plane heading for the west coast and studied some obvious categories such as state capitals and presidents-although, Doctor Fahner said, "I hesitate to admit to that."

On the set at Sony Picture Studios, Doctor Fahner appeared to be having a good time and up for the challenge. In reality, he said, he was scared, nervous and sweating. "I give credit to the make-up woman, who patted me down to keep me dry," he said. "The lights, the cameras. It was all very intimidating." He said if he thought about it too much, he became terrified. He wondered about the reaction of his patients about his appearance on the show. "But this was a delightful life experience that had nothing to do with my professional life," he said. He ultimately viewed it as a harmless, enjoyable diversion.

He blasted though the biblical categories, "in honor of Grandma Fahner," he said. He surprised himself at just how much knowledge he did have stuffed in his brain. "When I saw the show on TV (in February), I was amazed that I got some of those questions," he said. "I don't know the answers now."

He knew so much that he was the champ for three days. All three—and his ill-fated fourth-were taped on the same day. "I was told to bring a change of ties in case I had to come back," he said. In between tapings, he was isolated from the producers and others involved in the show. "We took a lunch break after the third show. One thing that I was impressed with was how much security there was.

We were practically like a sequestered jury in the green room," he explained. "They had people walking us to lunch. There were places we couldn't go. They were very nice and professional about it, but very strict so people couldn't say you were slipped the answers or something."

But just because you know a lot of cocktailhour tidbits doesn't guarantee you'll be a Jeopardy winner. Contestants have to figure out the

strategy of using the buzzer.

"There are two large white lights on the sides of the board that TV viewers don't see," he explained "They only light up when Alex is through reading the questions. Then you can ring in." If you speed-read the question and ring in early, you can get locked out for a split-second, enough to let another player slip in. Doctor Fahner's strategy was to figure out the answer while Trebek read the question. He then concentrated on the signal lights, ringing in at the right moment.

He said his broad knowledge came from an undergraduate education at the University of Michigan that emphasized liberal arts and also from "the three or four unfinished books I always have going. I am just interested in a lot of different things. It finally paid off."



So, what is Alex Trebek really like? "He's a very professional, serious person," he said. "And he is a very nice one. I liked him a lot. At one point during a commercial, he went into the audience to shake hands with my wife and daughters."

Trebek also is a very bright man who likes to play with contestants' minds, he said. This quality was the giveaway to Doctor Fahner that he missed the final Jeopardy

question. When Trebek said, "Who was most likely to share digs with another man?" as an extra clue, the physician thought, "Bachelor president—Buchanan. It all came to me. But it was too late." He had written W. H. Taft.

For the record, the other two contestants also wrote the wrong answer. Doctor Fahner, holding first place going into final jeopardy, lost the match because he wagered more than another contestant.

Doctor Fahner said he can laugh about the missed question because it was a "classic, wonderful Jeopardy question." It was a two-part clue, with the most important one hidden in the seemingly unimportant first part. While the physician and other contestants were trying to figure out who William Rufus Devane King was, they forgot to focus on who would need a roommate. "It was a well-crafted, vintage Jeopardy question."

"Oh well, I don't care," Doctor Fahner said, laughing over the experience. "I'd do it again in a minute. And they wouldn't even have to give me any prizes."

The author is an East Lansing-based freelance writer.

"One thing I was impressed with was how much security there was. We were practically like a sequestered jury in the green room." Jim Fahner, MD

# State announces Medicaid awards

Capitation transition moves at a dizzying pace

### By Ralph Ward

In the six months since Michigan Medicine offered a cover story on the disquieting changes brought about by capitation for the state Medicaid program, the pace of events has accelerated, with the Michigan Department of Community Health (MDCH) announcing in early May 13 health plans which qualified as HMO providers for Medicaid patients.

MDCH has implemented a readiness review plan to ensure the 13 plans—nine of which are currently HMOs and four of which are Medicaid certified clinic plans—meet contract conditions before a contract is finalized. Implementation date is July 1, 1997 for Genesee, Macomb, Oakland, Washtenaw and Wayne counties. Request for Proposals (RFPs) for the rest of the state are due by November 1, 1997.

The shift to a fully capitated Medicaid program for the state "has happened with a speed quite unusual for a bureaucracy," observes Cecil R. Jonas, MD, MSMS board member and a Detroit Ob/Gyn solo practitioner. "The entire debate concerns the fact that all Medicaid recipients will be put into HMOs within one year, excluding other organizations like Physician Organizations." Physicians who had hoped to qualify as an HMO for the new capitated system aren't likely to have the backing or organization within a year, according to Doctor Jonas.

### Disrupting patient care

The speed and totality involved in this change leaves many concerned that both the health care of Michigan's poor and the needs of state physicians are being slighted in the rush. "I have a problem with the capitation rates offered," says William O. Mayes, MD, a Detroit internal medicine specialist whose patient base is 95 percent Medicaid. "They're actuarially unsound. Also, physicians have no ability to

negotiate changes... the HMOs essentially say 'take it or leave it.' A system that's bad for doctors is eventually bad for patients."

Doctor Jonas concurs with the effect the changes are making in patient care.

"We're disrupting care, completely confusing a population that's not used to such bureaucracy. They're used to just seeing Doctor Joe, but now Doctor Joe

has to say that he can't care for you anymore." Only patients who choose a plan with which their current doctor affiliates can continue seeing their doctor.

### "Dis-information" campaign

Physicians say that neither they nor their patients understand it is possible to maintain the doctor/patient relationship because they face a "dis-information" campaign from a few HMOs. "Some HMOs go around to docs saying 'sign up with us or lose your patients'" notes Doctor Jonas. The result, he fears, will be "a black market, with HMOs buying or stealing names."

Vivian Lewis, MD, a Flint pediatrician, expressed confidence in the December Michigan Medicine that she could weather the change through her solid patient base and variety of affiliations. Though still confident, she has grown concerned that HMO promotions misstate the choices open both to doctors and patients.

A number of physicians state that they have been pressured by HMOs to hurry and affiliate with them. In truth, the state's doctors still have adequate time to decide how they will deal with Medicaid capitation. Those physicians in the five southeastern counties who signed with HMOs that didn't receive bid awards will have to go through the process of signing with an approved HMO again.

continued on page 36

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Beyond the misinformation issues, many in the state health care system still have deep concerns about how well near-total capitation will work for Medicaid care. "There was no reason not to continue with the Physician Sponsor Plan [for Medicaid care]" observes Doctor Lewis. "It has been shown that that type of care reduced costs. They're just trying to squeeze out the last drop of profit."

Such concerns are found beyond Southeast Michigan. Janelle Cooper, MD, an Escanaba neurologist, has already seen a form of Medicaid capitation used for mental health services, and is unimpressed. "The problem I see is that the Medicaid population generally has more chronic diseases, and these are the hardest to manage under capitation. We're asked to start with care for the hardest group to manage, and then to do it with the least amount of funds." Doctor Cooper is pursuing a number of affiliation options, but finds that all HMO arrangements in the Upper Peninsula face problems due to the sparse population. "It's a numbers game, and it's hard to play a numbers game when you don't have the numbers."

### MSMS efforts

MSMS has made progress in fixing problems with Medicaid capitation since the first of the year. A top priority is slowing the rush to capitation. In April, William E. Hill, MD, testified before the state's Senate Appropriations Community Health Committee that capitation will result in "coverage without care" because the HMOs will pocket most of the money. When MSMS members like Doctors Hill and Jonas have illustrated problems with capitation, they have found legislators who are concerned about how speedy actions will affect constituents.

Legislators have held three recent public hearings on how capitation is being implemented. State Representative Sharon Gire is seeking to add some protections for the half million patients affected by the state budgeting process.

MSMS also has suggested proposed clauses for the MDCH 1997-98 budget.

One change would mandate a task force to review the managed care transition process prior to final implementation. Patient and provider representatives would be mandated for this panel. Another proposed clause targets the "sign up now or else" tactics used by some HMOs in recruiting physicians. Plans that use misleading or illegal tactics would be banned from offering Medicaid services.

Physicians with questions about contracting with HMOs may contact Mary Anne Ford at MSMS at 517-336-5721. Those with questions regarding the legal processes involved in the transition to capitated Medicaid may contact Christine Shearer at MSMS at 517-336-5737. Michigan Medical Advantage also provides information to physicians who are choosing HMOs with which to sign. MMA may be contacted at 517-336-1400. Physicians may inform their patients that enrollment brokers will be available to provide patients information about their options and commit them to a plan.

The author is a Riverdale-based freelance writer.

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# Low payments jeopardize care

Medicaid reimbursement affects doctors and patients

# By Cathy L. DeShano

When physicians treating Medicaid patients learned they made a national Top 10 list, the ranking generated no cause for celebration. That is because they receive among the lowest reimbursement fees in the country for treating Medicaid patients.

Michigan physicians and MSMS are requesting that the Michigan Department of Community Health allocate \$114.4 million for physician reimbursement of Medicaid patients. "Though \$114.4 million sounds steep, it's just an \$11 increase to bring physicians up to the average operation cost per on-site, non-surgical encounters," says Christine Shearer, MSMS chief, state government affairs.

This small increase could mean the difference for quality, accessible care to all needy patients, says Lawrence Reynolds, MD, medical director of Hamilton Family Health Center in Flint. Doctors simply can't afford to care for patients at current reimbursement rates.

Each month Doctor Reynolds and his colleagues see an average of 700 Medicaid patients. Though they currently receive the standard \$19.40 Medicaid reimbursement fee for general visits and a case management fee from the state. Doctor Reynolds expects this will soon change. As the state moves towards Medicaid capitation, officials have requested that physicians no longer charge case management fees. Instead, they suggest this money be turned over to health maintenance organizations (HMO) managing Medicaid patients and that doctors then contract for providing services.

However, Doctor Reynolds and others believe such negotiating will certainly drive down the already low fees doctors currently receive for their services. Physicians haven't experienced even an inflationary increase in reimbursement since 1991. Only nine states in the country reimburse physicians treating Medicaid patients at a rate lower than Michigan's.

"This is like someone hiring a plumber and telling that plumber that they won't pay for parts or labor," says Shearer. "All doctors want is fair reimbursement to cover their cost of treating Medicaid patients. They aren't asking

for a profit."

In a letter to the state house appropriations committee in April 1996, B. David Wilson, MD, then MSMS President, noted that although physician line item fees appeared to have been increasing, the increases were results of payments to groups such as dentists or chiropractors, not physicians.

Yet the state has offered little hope for change. Though doctors still receive, at best, 31 percent of the costs involved to care for Medicaid patients, Governor Engler has proposed additional one-third reductions of Medicaid over the next six years. According to Sen. Robert Geake, R-Northville, Chair, Senate Appropriations Subcommittee, the state just doesn't have the money to increase reimbursement.

Doctor Reynolds anticipates these cuts could be even deeper because "they haven't reduced the costs in 1996-97 they expected to. It's taken longer to implement capitation than they thought it would."

Such actions would ultimately hurt patients, notes Thomas J. Zuber, MD, a Saginaw family practitioner. Patient access to care has been limited because of inadequate reimbursement, says Doctor Zuber, while some physicians have undergone such financial stresses in caring for Medicaid patients that they've left the state.

Legislators share these concerns. Sen. Geake supports an increase in reimbursement to physicians if the state can find the money because he is "concerned that fewer physicians will be willing to provide care for Medicaid patients."

While legislators and some health care professionals agree that quality managed care may save some money in some cases, according to Rep. Sharon Gire, D-Clinton Township, she has yet to see any kind of documentation that there are savings to be had by Medicaid capitation.

"I think this is a risky assumption," says Rep. Gire. "There is too much change taking place too quickly. Nobody has been able to show me where the savings is coming from. We must be careful we're providing quality care to patients and giving doctors the necessary reimbursement."

State	99201	99202	99203	99211	99212	99213	Average
Alabama	25.00	37.00	50.00	12.00	21.00	30.00	29.14
Alaska	54.29	65.41	79.30	26.23	37.74	49.87	52.14
Arizona	29.39	46.50	63.98	14.14	25.2:	35.71	35.83
Arkansas	27.00	41.00	59.00	13.00	25.00	33.00	33.00
California	Did not respon						
Colorado		29.72999:	40.11	11.40999:	20.80999:	29.17	24.97999:
	Did not respon					_,,,,	
Delaware	20.00	28.00	60.00	12.50	20.00	39.00	30.75
Florida	30.00	31.77	43.39	12.00	21.00	25.00	27.19
Georgia	29.78	45.34	51.08	13.82	24.75	34.82	33.26
Hawaii					ercentile in spec		00.20
ldaho	26.02	35.96	46.54	20.88	26.81	31.32	31.25
Illinois	20.35	20.35	25.05	7.80	8.00	8.00	14.92
Indiana	20.82	33.96	46.85	13.23	18.20	25.98	26.50
lowa	20.06	30.12	33.47	13.39	18.39	21.05	22.74
Kansas	15.00	17.00	25.00	11.24	15.00	17.00	16.70
Kentucky	20.39	32.77	44.90	9.81	17.55	25.03	<b>25.07</b>
,	22.00	30.00	36.00	14.00	23.00	27.00	
Louisiana							25.00
Maine	15.65	16.82	24.77	12.6:	15.65	20.36	17.65
Maryland	25.00	33.00	37.00	10.00	20.00	31.00	26.00
Massachusetts		32.20	47.15	10.35	21.85	33.54	27.82
Michigan	16.88	26.58	35.89	8.73	14.55	21.00	20.60
Minnesota	26.3:	29.60	35.20	12.00	20.00	24.00	24.53
Mississippi	17.60	24.50	31.33	9.49	15.39	20.16	19.74
Missouri	15.00	15.00	20.00	5.00	10.00	17.00	13.00
Montana	31.46	39.70	42.33	13.60	20.00	23.39	
Nebraska	21.13	30.88	45.50	11.38	19.50	29.25	26.27
Nevada	29.44	37.92	52.40	17.47	28.44	32.44	33.01
New Hampsh		30.00	36.00	15.00	25.00	25.00	24.00
New Jersey	Did not respon						
New Mexico	20.33	27.95	36.02	15.84	21.20	23.48	24.13
New York	7.00	11.00	11.00	7.00	11.00	11.00	9.00
North Carolin	a 22.68	36.97	50.20	11.04	19.95	28.12	28.24
North Dakota	26.91	34.42	47.97	12.00	16.38	25.04	26.45
Ohio	16.12	25.79	35.46	10.10	17.86	25.11	21.74
Oklahoma	17.75	28.33	34.97	9.21	14.46	20.91	20.93
Oregon	19.48	31.35	42.75	9.50	16.86	23.75	23.94
Pennsylvania	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Rhode Island	16.72	27.24	27.24	8.05	26.64	26.64	20.08
South Carolin		30.00	30.00	5.50	21.50	21.50	23.08
South Dakota		37.20	49.00	11.6:	19.10	28.70	28.33
Tennessee	Capitated thro				.,,,,	20., 0	
Texas	22.2:	35.20	47.57	11.56	19.35	26.87	27.14
Utah	18.17	29.21	40.02	8.74	15.64	22.31	22.34
Vermont	17.20	23.2:	33.20	13.50	22.10	25.7:	22.51
Virginia	20.00	25.00	27.00	5.00	15.00	21.8:	18.98
Washington	20.64	32.66	44.94	9.93	17.76	25.08	25.16
West Virginia	21.11	33.98	46.59 No		18.28	26.00	29.19
Wisconsin	19.8:	22.37	24.86	10.77	19.60	26.84	29.19
	23.8:	37.33	50.98	12.38	20.74	28.7:	29.08
Wyoming							

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# MSMS leaders discuss anti-gag rules with legislators

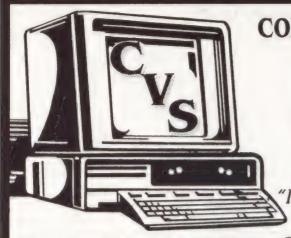


L-R: Peter A. Duhamel, MD, then MSMS president-elect; Congressman David Camp, R-Midland; W. Peter McCabe, MD, then MSMS president; Kevin A. Kelly, MSMS managing director, March 18 in Washington, D.C.



L-R: Doctor Duhamel, Doctor McCabe, and Congresswoman Debbie Stabenow, D-Lansing.

Following the American Medical Association National Leadership Conference held in Philadelphia, March 15-18, Peter A. Duhamel, MD, then MSMS president-elect, W. Peter McCabe, MD, then MSMS president, and MSMS managing director Kevin A. Kelly, travelled to Washington D.C. to discuss, among other things, support for anti-gag legislation currently before federal lawmakers. To date, 11 Michigan lawmakers are co-sponsoring the Patient Right-to-Know Act of 1997, a bill which bans health plan requirements from restricting doctors to discuss coverage with patients. Doctors McCabe and Duhamel also urged lawmakers to implement Health Care Financing Administration revisions on Jan. 1, 1999 instead of the currently scheduled Jan. 1, 1998.



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# Alliance educates college students about binge drinking By Janet Gregory

"I was having a great night. I drank at least 15 beers. Then I blacked out. This is not unusual for me. Another time, I became violent, smashed bottles, pushed RAs and got in tons of trouble!

"I went to a fraternity party off campus. I had at least 12 shots of liquor and two mixed drinks. That night I went home with this guy I did not know and had sex with him... the guy and his roommate carried me home to my dorm where two RAs caught me. I blacked out. I went to the hospital for alcohol poisoning and rape."

Statements like these from the Harvard School of Public Health report "Binge Drinking on American College Campuses," highlight a national problem: increasing alcohol and drug use and abuse by college students. In November, 1996, the MSMS Alliance, Substance Abuse Education Network (SAEN) and the University of Michigan Greek Life organization sponsored a program during the University's Alcohol Awareness Week to address the problem.

According to the Harvard report, more women are drinking, more alcohol-related incidents (hazings, rapes, vandalism) are being reported, binge drinking has hit epidemic proportions, and ALL students are suffering from "secondhand binge" effects. A University of Michigan

survey indicates 91 percent of undergraduate binge drinkers experience hangovers and 60 percent suffer from blackouts. An alarming 43 percent drink and drive.

"Binge drinking by young people is a major public health and safety concern that we can no longer ignore," said AMA Board Chair, Nancy W. Dickey, MD.

During its June 1996 House of Delegates meeting, the AMA Alliance passed a resolution that called for state and county alliances to educate adolescents, college students, and parents about the incidence and effects of binge drinking and to request that schools educate students about and develop programs to decrease excessive alcohol consumption.

This year, as a state project for "SAVE," in addition to the SAVE-A-SHELTER County programs, MSMS Alliance initiated a partnership with the University of Michigan. The November program, featuring Collegiate Consultants on Drugs and Alcohol speaker Mike Green, was one result of that partnership.

### Green's Message

For many college students, drinking is a "rite of passage," according to Green, an athlete, coach, educator and recovering alcoholic. Students find a variety of reasons to drink in celebration: holidays, the first week back to school, football games, weekends, finals and so on.

Though many of these students will not become alcoholics—just 10



L-R: Greek Life members Mary Beth Seiler and Jandis Terry, speaker Mike Green, then MSMS Alliance president Janet Gregory, and Wendy Wyte, University of Michigan pre-medical student advisor.

percent of college drinkers do—they may, and often do, have alcohol problems, according to Green. Because drug and alcohol use and abuse permeates college campuses, many students experience a "one night problem with short term and often life long consequences," he said. Unfortunately, he noted, people are often remembered for their one night problem, as was the case for former U of M football coach Gary Moeller.

These problems exist at various extremes. Some suffer the loss of a loved one to drunk driving. Other individuals are infected with a sexually transmitted disease as a result of a drunken hook-up. Still others, sick with alcohol poisoning, are rushed to hospitals.

Many such situations could be prevented if people would become more responsible, according to Mr. Green. He urged students to slow down their drinking and become more aware of their patterns. Peers also need to be their "brother's keeper," he noted, by not encouraging friends to do something wild and crazy while drunk.

"Help them avoid the consequences of their 'one night problem," he said.

The author is MSMS Alliance immediate past-president.

# MSMS Ombudsman quickly solves billing headaches

By Colleen M. Horton

While doctors often choose their field because of the satisfaction of working with and treating people, some are unaware of the headaches that can go along with running a business.

Dawn Springer, MD, director of Temple Medical Associates in Mason, faced such an experience recently when she tried to collect \$68,000 in outstanding bills from Blue Cross Blue Shield of Michigan. She soon learned, as have other members, that MSMS could provide help.

In the fall of 1996, Doctor Springer and her office manager, Dawn Lueder, reached the height of frustration while trying to collect unpaid bills from BCBSM. Leuder couldn't collect deductibles from patients or bill secondary providers until BCBSM agreed to pay or reject the bills. However, BCBSM had taken no action.

Temple Medical Associates had been directly billing BCBSM for less than a year. Because Lueder had little idea of how to resolve the dilemma, she started by contacting MEDIC, the software company. When she called BCBSM, she felt her telephone calls were ignored or she was given excuses regarding why the bills were not being paid.

The situation was resolved in two weeks following a conversation with MSMS Managing Director Kevin Kelly, who urged Doctor Springer to "use MSMS." The office manager contacted lovce Nurenberg, MSMS Reimbursement Ombudsman. After determining the steps already taken, Nurenberg contacted Electronic Data Interchange, which corrected a major software problem. The original information was retransmitted to Blue Cross Blue Shield, which confirmed that payment would be on its way shortly.

Solving such situations is a typical day's work for Nurenberg. When she received a call from a frantic wife whose physician husband had been mugged and his briefcase stolen, Nurenberg stopped payments on all checks and had new ones issued.

The MSMS Ombudsman deals with many different situations: insurance policy issues, office practice reimbursement, problem claim issues and coding issues for billing. Most importantly, Nurenberg views herself as a liaison between doctors and payers. "When doctors have a problem, I work to get the system or policy changed so that the same problems don't repeat themselves."

The author is MSMS communications assistant.



Jan Rival, MD, was selected as governor-elect of the Michigan Chapter of the American College of Physicians. Doctor Ri-

val, a Detroit cardiologist, will serve as governor-elect until March 1998, when he becomes governor for a four-year period. While governor, he will oversee the Chapter's activities as well as its relationships to the American College of Physicians, MSMS and other professional state organizations. Doctor Rival is a member of the American College of Cardiology, the American College of Physicians, the Wayne County Medical Society and MSMS.

Mary K. East, MD, received the Secretary of Veteran's Affairs' 1997 Hands and Heart Award for the Department of Veterans Affairs Medical Center (VAMC). The Ann Arbor surgeon is the associate chief of staff for Education at the VAMC Ann Arbor. She received the award for her exceptional expertise, emotional support, help and guidance to patients. Doctor East is a member of the Washtenaw County Medical Society, the American Medical Association and MSMS.

Tom M. Johnson, MD, the CEO and assistant dean of Michigan State University Kalamazoo Center for Medical Studies (MSU/KCMS), will

retire in November. Doctor Johnson was instrumental in the development of the University Medical and Health Sciences Center physician training program for MSU. He has served as dean of the University of North Dakota School of Medicine and as executive of the university's medical center. He is a member of the American College of Physicians, the American College of Chest Physicians, the American Thoracic Society, the American Medical Association and MSMS.

Mahlon S. Sharp, MD, received the 1997 Sparrow Founders' Award. Doctor Sharp, an East Lansing ob/ gyn, was honored with the award for his work improving the health status of mid-Michigan residents. Doctor Sharp has served as an Ingham County Adult Mental Health board member and as treasurer of Ingham County Medical Society. He is a member of the American College of Obstetricians/Gynecologists, the Central Society of Obstetricians/ Gynecologists, the Michigan Obstetricians/Gynecologists Society, Ingham County Medical Society, the American Medical Association and MSMS.

Randy L. Gehring, MD, has been appointed chief of Neurosurgery at St. John Hospital and Medical Center. The Grosse Pointe neurosurgeon is a member of the Congress of Neurological Surgeons, American Association of Neurological Surgeons,

Wayne County Medical Society and MSMS.



Edward Coffey, MD, was elected to a three-year term as director of the American Neuropsychiatric Association (ANPA). Doc-

tor Coffey serves as chair of the Department of Psychiatry and as vice president of Behavioral Services at Henry Ford Health System. The Troy psychiatrist has received the New Investigator Award in Neuroscience from the American Geriatrics Society. He is president of the Association for Convulsive Therapy and is a member of the American Academy of Neurology, the American Neuropsychiatric Association, the American Psychiatric Assocation, the Behavioral Neurology Society and MSMS.

Steven Donn, MD, has co-edited "Risk Management Techniques in Perinatal and Neonatal Practice." The book, also edited by Detroit defense attorney C.W. Fisher, is available for \$115 through Futura Publishing and will be reviewed in the New England Journal of Medicine. Doctor Donn, an Ann Arbor pediatrician, is a member of the Perinatal Association of Michigan, the National Perinatal Association, the American Academy of Pediatrics, the Midwest Society for Pediatric

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Anthony A. Bennett, MD, received a 1997 AMA/Glaxo Wellcome Achievement Award for his outstanding leadership skills. Doctor Bennett, a resident Detroit radiologist, is a member of the Wayne County Medical Society, the American Medical Association and MSMS.

Michael C. Boucree, MD, has been appointed to the AMA Federation Advisory Committee. As a member of the committee, the Flint internist will identify issues and concerns relating to the role of state, county and national medical specialty societies. Doctor Boucree is a Flint internist. He is a member of the American College of Physicians, the American Public Health Association, the Genessee County Medical Society and MSMS.

### **Obituaries**

Former Army medical officer, Noyes L. Avery, MD, Grand Rapids, died December 8, 1996. He was 88. Doctor Avery was a graduate of Harvard Medical School. In the 1940s, the pathologist served as an instructor of medicine at the University of Michigan. Doctor Avery served as president of the Michigan Society of Internal Medicine and as governor for the Michigan chapter of the

American College of Physicians. He was also a member of the American Society of Internal Medicine, the Kent County Medical Society, MSMS and the American Medical Association.

Ralph J. Coskey, MD, a former Oakland County Medical Society member, died February 12. He was 67. Doctor Coskey graduated from Wayne State University School of Medicine, then served three years in the US Air Force. The Southfield dermatologist was a clinical professor at WSU School of Medicine and president of the school's Medical Alumni Association. He was a member of the Michigan Dermatological Society, the Academy of Dermatology, the Society of Investigative Dermatology, the American Medical Association and MSMS.

Harry M. Dickman, MD, died January 16. He was 85. Doctor Dickman, a Wayne State University Medical School graduate, was a family practitioner in Hudson. He was a member of the American Academy of Family Practice and MSMS.

The first recipient of the Max Weinstein award, Samuel P. Hicks, MD, died September 2, 1996. He was 82. Doctor Hicks, a Pennsylvania Medical School graduate, served as chief pathologist at the Bethesda Naval Center in the 1940s. From 1948 to 1962, he was a Harvard Medical School associate professor

before taking a position as head of neuropathology with the department of pathology at the University of Michigan Medical School. Doctor Hicks received an award from the American Association Neuropathologists for his dedication to the field. He served on the US Public Health Service Study Sections and on several committees of the National Academy of Sciences. He was a member of the College of American Pathologists, Washtenaw County Medical Society, the American Medical Association and MSMS.

Russell J. Holcomb, MD, died December 24, 1996. He was 92. Doctor Holcomb graduated from Wayne State University College of Medicine, then opened a family practice in Marine City where he practiced for 40 years. He was a member of St. Clair County Medical Society, the American Medical Association and MSMS.

Former chief of staff for St. Mary's Hospital in Grand Rapids Albert E. Posthuma, MD, died November 23, 1996. He was 77. The Grand Rapids surgeon graduated from the University of Michigan Medical School. He was a member of the American College of Surgeons, the Kent County Medical Society, the American Medical Association and MSMS.

# EDUCATIONAL OPPORTUNITIES

July

11-13, Managing Respiratory Diseases. Location: Harbor View Resort, Martha's Vineyard, MA. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 W Canal Court, Ste 500, Littleton, CO 80120-4569; Phone: 800-421-3756. Approved for: 11 Category 1 credits. Registration fee: \$375.

11-13, Advances in Psychopharmacology. Location: Grand Traverse Resort, Grand Traverse. Contact: Registrar, Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health, Professions Education, University of Michigan Medical School, PO Box 1157, Ann Arbor, MI 48106-1157.

20-23, Update in Otolaryngology - Head and Neck Surgery Seminar. Location: Stevenson, WA. Contact: Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 First St SW, Rochester, MN 55905, Phone: 800-323-2688. Approved for: 15 Category 1 credits.

25-26, 77<sup>th</sup> Annual Coller Penberthy Thirlby Medical Conference. Location: Park Place Hotel, Traverse City. Contact: Paula Parshall, Continuing Medical Education, Munson Medical Center, 1105 Sixth St., Traverse City, MI 49684-2386, 616-935-6546. Approved for: 9-12 Category 1 credits.

29-31, 3<sup>rd</sup> Annual Mayo Multidisciplinary Symposium on Platelets, Blood Vessels, Biomaterials and Transfusion. Location: Mayo Clinic, Rochester, MN. Contact: Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 1<sup>st</sup> St SW, Rochester, MN 55905; Phone: 800-323-2688.

31-August 3, Internal Medicine Update. Location: Grand Hotel, Mackinac Island, MI. Contact: Registrar Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, PO Box 1157, Ann Arbor, MI 48106-1157. Approved for: 12 Category 1 credits.

**August** 

9-10, Endocrinology and Diabetes Update. Location: Grand Traverse Resort, Grand Travese, MI. Contact: Registrar Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, PO Box 1157, Ann Arbor, MI 48106-1157. Approved for: 8.5 Category 1 credits.

10-12, Success with Failure: Evaluation & Treatment of Con-

gestive Heart Failure. Location: Vail Cascade Hotel & Club, Vail, CO. Contact: Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 1st St SW, Rochester, MN 55905; Phone: 800-323-2688. Approved for: 15 Category 1 credits. Registration fee: \$450.

15-17, Gastroenterology for the Gastrointestinal Consultant. Location: Grand Traverse Resort, Grand Traverse, MI. Contact: Registrar Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, PO Box 1157, Ann Arbor, MI 48106-1157. Approved for: 12 Category 1 credits.

22-24, Gastroenterology for the Primary Care Physicians. Location: Grand Hotel, Mackinac Island, MI. Contact: Registrar Towsley Center for Continuing Medical Education, Department of Postgraduate Medicine and Health Care Professions, University of Michigan Medical School, PO Box 1157, Ann Arbor, MI 48106-1157. Approved for: 12 Category 1 credits.

22-24, Coronary Heart Disease Update. Location: Hyatt Regency, Monterey, CA. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 W Canal Court, Ste 500, Littleton, CO 80120-4569; Phone: 800-421-3756.

# EDUCATIONAL OPPORTUNITIES

Approved for: 11 Category 1 credits. Registration fee: \$375.

September

3-7, Update in Cardiology: Cardiovascular Board Review. Location: Indianapolis Convention Center, Indianapolis, IN. Contact: American College of Cardiology, Attn: EP, PO Box 79231, Baltimore, MD, 21279-0231, Phone 1-800-253-4636. Approved for: 40.5 Category 1 credits. Registration fee: ACC Member - \$650; Non-member -

\$700 by April 23. Registration after April 23 is on-site only and \$50 higher.

5-6, Orthotics & Prosthetics Symposium "A Multidisciplinary Approach to Orthotic and Prosthetic Management." Location: Leighton Auditorium, Siebens Education Building, Mayo Foundation, Rochester, MN. Contact: Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 First St. SW, Rochester, MN 55905, Phone 800-323-2688. Approved for: 15 Category 1 credits.

5-7, 4th Annual Current Topics in Cardiothorace Anesthesia. Location: Washington University Medical Center St. Louis, MO. Contact: Office of Continuing Medical Education, Washington University School of Medicine, Campus Box 8063, 660 S Euclid Avenue, St. Louis, MO; Phone 800-325-9862. Approved for: Hour-for-hour basis.

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# ASK OUR LAWYER

continued from page 10

Recently, a group of New Jersey psychologists were terminated based upon a MCO's conclusion that they were managed care incompatible. These psychologists, along with the New Jersey Psychological Association, filed suit alleging the no-cause termination provision is against public policy, a breach of the provider agreements, and is fraudulent to both patients and providers. The complaint further alleges that the right to terminate without cause has a chilling effect on the standard of care afforded to patients, insofar as providers fear retaliatory termination if they do not follow the managed care line.

### Challenging the clause

It is understandable that physicians could be reluctant to criticize or question a MCO's medical decisions for fear of retaliation by termination. These concerns should be alleviated through anticipated legislation precluding managed care contract gag clauses. This legislation would make it illegal for MCOs to include contractual provisions stifling the freedom of physicians to communicate with their patients and others on matters that may be deemed contrary to the economic or other interests of the MCO.

A carefully drafted just-cause termination clause would serve the MCO, physicians and their patients better than a no-cause termination provision. More specific contract provisions setting forth criteria and factors upon which termination could be based would be preferable. Nevertheless, it is unlikely that MCOs will voluntarily withdraw nocause termination provisions in their contracts.

Mr. Weber is MSMS legal counsel and senior partner in the Detroit firm of Kerr. Russell and Weber.

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# PRESIDENT'S PERSPECTIVE

continued from page 56

RESOLVED: That MSMS continue to work at all levels for improved pain management and symptom control; and be it further

RESOLVED; That MSMS continue education on recognition of depression and its adequate therapy; and be it further

RESOLVED: That MSMS continue to promote advance directives; and be it further

RESOLVED: That MSMS continue support for hospice including

education about hospice and the use of hospice care.

We strongly feel that thorough implementation of these four directives for the care of the terminally ill could do much to diminish the frequency of patients who might otherwise request physician assistance to end their misery.

This newly adopted policy will not alter current MSMS activities, such as the highly successful end-of-life forums, or the First Annual Mackinac Island Conference on Bioethics, scheduled for September 26 & 27, 1997.

I can truthfully state, that as your president and spokesman for the Society, my job is made simpler. It is much easier to state why we have come to align ourselves with the AMA's policy, than it would have been trying to explain why MSMS had what was perceived to be an ambiguous policy.

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### **MSMS**

July

23-27, Mid-Summer Board Meeting. Location: Mackinac Island Grand Hotel. Contact: Irene Frost at MSMS at 517-336-5734.

August

- 15, MSMS Internet Training Seminars. Location: Novi. Contact: Jody Jodway at MSMS at 517-336-7604.
- 19, MSMS Internet Training Seminars. Location: Battle Creek. Contact: Jody Jodway at MSMS at 517-336-7604.
- 22, MSMS Internet Training Seminars. Location: Troy. Contact: Jody Jodway at MSMS at 517-336-7604.

September

- 4, MSMS Internet Training Seminars. Location: Grand Rapids. Contact: Jody Jodway at MSMS at 517-336-7604.
- 5, MSMS Internet Training Seminars. Location: Flint. Contact: Jody Jodway at MSMS at 517-336-7604.
- 12, MSMS Internet Training Seminars. Location: Flint. Contact: Iody Iodway at MSMS at 517-336-7604.
- 17, MSMS Board Meeting. Location: MSMS headquarters. Contact: Irene Frost at MSMS at 517-336-5734.

26-28, MSMS Mackinac Island Conference on Bioethics. Contact: David Fox at MSMS at 517-336-5731.

### November

- 5-7, MSMS Annual Scientific Meeting. Location: Hyatt Regency, Dearborn, MI. Contact: James Tarrant at MSMS at 517-336-7591.
- 18, MSMS Internet Training Seminars. Location: Battle Creek. Contact: Jody Jodway at MSMS at 517-336-5604.
- 21, MSMS Internet Training Seminars. Location: Novi. Contact: Jody Jodway at MSMS at 517-336-5604.

### December

- 4, MSMS Internet Training Seminar. Location: Grand Rapids. Contact: Jody Jodway at MSMS at 517-336-5604.
- 5, MSMS Internet Training Seminar. Location: Troy. Contact: Jody Jodway at MSMS at 517-336-5604.
- 12, MSMS Internet Training Seminar. Location: Marquette. Contact: Jody Jodway at MSMS at 517-336-5604.

# AMA

June

22-26 AMA Annual Meeting. Location: Chicago Hyatt Regency, Chicago, IL. Contact: Judy Marr at MSMS at 517-336-5744.

### December

4-10, 1997 AMA Interim Meeting. Location: Dallas, TX. Contact: Judy Marr at MSMS at 517-336-5744.

## **Specialty Societies** July

18, Michigan Committee for Prevention of Child Abuse. Location: MSMS headquarters. Contact: Jean Smith at MSMS at 517-336-7602.

August

- 14-17, Michigan Ophthalmological Society's 29th Annual Meeting. Location: Grand Hotel, Mackinac Island, MI. Contact: Andy Lott at MSMS at 517-333-8279.
- 15, Michigan Committee for Prevention of Child Abuse. Location: MSMS headquarters. Contact: Iean Smith at MSMS at 517-336-7602.

September

- 11-12, Michigan Medical Group Management Association. Location: Grand Rapids Amway Grand Plaza. Contact: Debbie Zannoth at MSMS at 517-336-5763.
- 12-14, Upper Peninsula Medical Societies Annual Meeting. Location: Houghton/Hancock. Contact: Ronald Bissett, MD at rbissett@up.net.

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# MSMS adopts AMA assisted suicide policy

House resolution receives widespread publicity

By Peter A. Duhamel, MD



At the recent annual meeting of the Michigan State Medical Society's House of Delegates, more than 100 resolutions were considered by the House. It is significant that only one of these—"Physician Assisted Suicide"-received any widespread publicity. Resolution 68-97A, and the action of our House of Delegates on that resolution has been broadcast far beyond the borders of our state, taking on a national importance.

In my very brief tenure so far as your president, I have given countless telephone and radio interviews and other news updates regarding our action, to outlets ranging from American Medical News, to the Catholic News Service, all about that single topic.

Most of these interviews start with the question: "Why did the Michigan State Medical Society change its position?" My reply was that since our original policy was adopted by the House of Delegates in 1993, there has been a turnover of over half the membership in the House. This year alone there were over 20 percent new members. And it was very likely that the new composition of our House wished to make up its own collective mind regarding physician assisted suicide.

It was also apparent that our previous position was being used by the press and others to characterize us as a "do-nothing society," afraid to commit ourselves and take a public

stand, especially when the American Medical Association had gone on record four years ago with a very strong, unambiguous statement.

Another factor could well have been the continued activity of Doctor Jack Kevorkian in our state, with the question being put to the leadership of our Society on each occasion, "Where do you stand on this?"

There were actually four resolutions submitted to our House of Delegates regarding assisted suicide. All four were considered in reference committee C, under the chairmanship of Tom George, MD, Kalamazoo. Approximately two hours were spent in the reference committee's hearing considering these resolutions. I think that everyone would agree that all sides of the question were given a fair hearing. The reference committee in its report recommended that the House of Delegates should be given the opportunity to make a definite choice between adopting the AMA's policy versus maintaining our previous position.

Again, there was debate on the floor of the House, representing both sides of the argument. When the voice vote was taken, there was a definite majority on the side of adopting the AMA's policy.

The resolution as passed reads: TITLE: "Physician Assisted Suicide"

RESOLVED: That MSMS adopt the position of the American Medi-

cal Association on physician assisted suicide which states:

"Physician assisted suicide occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (e.g., the physician provides sleeping pills and information about the lethal dose, while aware the patient may commit suicide).

"It is understandable, though tragic, that some patients in extreme duress, such as those suffering from a terminal, painful, debilitating illness, may come to decide that death is preferable to life. However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

"Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients and the end of life. Patients should not be abandoned once it is determined that cure is impossible. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication."

The House of Delegates also passed (nearly unanimously) amended Resolution 94-97A, "Appropriate End of Life Therapy":



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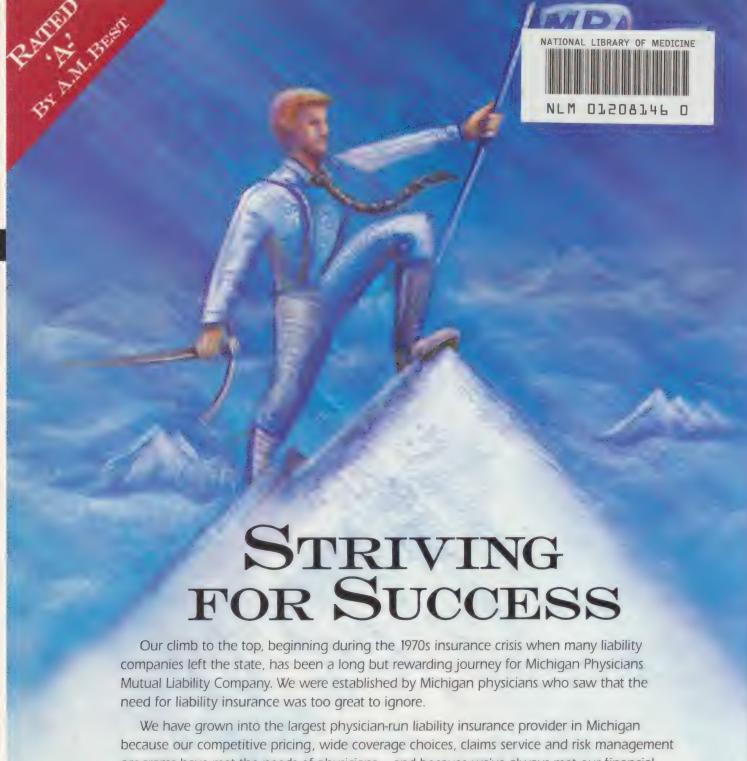
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